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**A critical examination of the legislative and policy framework
governing ECD service provision in South Africa since 1994**

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CMPPAU002

A dissertation submitted in fulfilment of the requirements for the award of the degree
of Master of Social Science in Social Policy and Administration

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2012

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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PLAGIARISM DECLARATION

I, Paula Campbell, declare that the work that gave rise to this dissertation is my own original work. Where work from scholars is used it has been clearly referenced. This work has neither been submitted, nor is being submitted concurrently to any other institution for any degree.

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ABSTRACT

This study critically examines the legislative and policy framework governing ECD service provision in South Africa since 1994. It is framed around four core research questions. These are as follows:

- What determining historical contexts distinguished ECD in South Africa pre-1994?
- How has ECD policy evolved in South Africa at the national level since 1994?
- What are the dominant ECD discourses within the current global context and how have these influenced national developments in ECD policy in South Africa since 1994?
- How have developments in ECD policy since 1994 at the national level shaped ECD provisioning in the case of the Western Cape province?

The dissertation makes use of multiple qualitative research methods, including: (i) a documentary analysis; (ii) a review of literature; and (iii) interviews, to answer these questions.

The dissertation begins with a critical analysis of the historical and political context as regards ECD that was inherited by the ANC government of 1994. It moves on from there to examine the various plans, policies and legislation shaping ECD service provision between 1994 and the introduction of the National Integrated Plan for ECD in South Africa in 2005. The National Integrated Plan is then subjected to an in-depth critical examination. This examination finds that the Plan is profoundly flawed in a range of core ways and also that it is overly influenced by neo-liberal and child developmental psychology discourses that originated in the Minority Western world. The dissertation concludes with a detailed exploration of the impact which the legislative and policy framework has had on ECD provisioning in the Western Cape province. Amongst other things, this revealed most worryingly that the constitutional rights – social, economic and cultural - of children, and in particular of the poorest and most vulnerable children, are not being met.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ACRWC	African Charter on the Rights and Welfare of the Child
ANC	African National Congress
CDG	Care Dependency Grant
CNE	Christian National Education
CSG	Child Support Grant
DoE	Department of Education
DoSD	Department of Social Development
ECD	Early Childhood Development
ETDP	Education, Training and Development Practices
EPWP	Expanded Public Works Programme
FAS	Fetal Alcohol Syndrome
FCG	Foster Child Grant
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IMF	International Monetary Fund
NECDA	National Early Childhood Development Alliance
NELDS	National Education Learning Development Standards
NEP	National Education Policy
NIPECD	National Integrated Plan for ECD in South Africa
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
NQF	National Qualifications Framework
PGWC	Provincial Government of the Western Cape
SASSA	South African Social Security Agency
SANEP	South African National Education Policy
SETA	Sector Education and Training Authority
SSA	Sub-Saharan Africa
UNCRC	United Nations Charter on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations International Children's Emergency Fund

CHAPTER ONE

INTRODUCTION TO THE DISSERTATION

1. MOTIVATION FOR THE DISSERTATION

This dissertation critically examines early childhood development (ECD) policies in South Africa since 1994 and considers the ways in which they shape ECD service provision. As Programme Manager for an ECD non-profit organisation (NPO) in the Western Cape province, I have been involved in the development and implementation of numerous ECD programmes initiated and funded by the Provincial Government of the Western Cape (PGWC) Department of Social Development (DoSD). My professional experience enabled me to gain an insight into the lived experiences of those for whom ECD policies and programmes are developed. It painted a clear picture of deprivation amongst the black African and Coloured child populations who are disproportionately exposed to poor socio-economic and health conditions, as the following reveals:

- Of the 462,300 children between birth and four years in the Western Cape province (Statistics South Africa, 2006), approximately 36.1% live below the poverty line (in households with less than R1,200 per month) and 18% of children live in households that are 'ultrapoor' (less than R800 per month) (Monson, Hall, Smith and Shung-King, 2006:69/27). One in five children in the province therefore live in households where the level of income is insufficient to meet their basic subsistence needs.
- While Coloureds represent the largest population group in the province persistent income inequalities have meant that poverty remains significantly higher among the black African population, followed by the Coloured population (Elne and Punt, 2009).
- In 2004, the under-five mortality rate stood at 58 deaths per 1 000 live births. The mortality rates reflect the demographics of the population with 48% of deaths among Coloureds, 32% among black Africans and 19% among Whites (Steigler, 2008:53).

- Black African and Coloured children are most affected by food poverty and child malnutrition (Myers and Naledi, 2007). Child malnutrition is a result of inadequate dietary intake and disease and is the direct cause of mortality, as well as a factor in other major causes of death including pneumonia, diarrhoea, and HIV/AIDS in the province (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Nojilana, Norman, Pieterse, Schneider, 2004).
- A 1999 survey revealed that 15% of children in the province between birth and nine years old were stunted (Department of Human Nutrition, 1999). Stunting indicates that the child has been malnourished for a period of time, and that a range of damage has been done to the child's maturing brain.
- As a result of the HIV/AIDS endemic, the under-five mortality rate is not declining, but increasing. HIV/AIDS accounted for more than one fifth (20%) of all deaths in children under five in the province between 1997 and 2001 (Bradshaw et al, 2004).
- In 2007 the number and percentage of maternal¹, paternal² and double³ orphans in the Western Cape stood at 19 000 (1.2%), 131 000 (8.3%), and 19 000 (1.2%) respectively (Pendlebury, Lake and Smith, 2009:73). According to Baxen (2008:215) this is the only province where 20% of black African children have lost a parent; this statistic is almost double the overall figure for all racial groups in the province.
- The Western Cape has the highest rates of Fetal Alcohol Syndrome (FAS), not only in South Africa, but the world (May, Gossage, Marais, Adnams, Hoyme, Jones, Robinson, Khaole, Snell, Kalberg, Hendricks, Brooke, Stellavato and Viljoen, 2007). FAS is caused by maternal alcohol use during pregnancy and is one of the leading causes of mental and physical disabilities among infants and children (Mckinstry, 2005).
- The majority of cases of physical abuse, neglect and child rape occur among children aged between birth and six years. A survey carried out by Dawes, Borel-Saladin and Parke (2004) in the Cape Metropole region found that child sexual abuse was related to alcohol abuse, community and domestic

¹ A maternal orphan is a child whose mother has died but whose father is alive (Pendlebury et al 2009).

² A paternal orphan is a child whose father has died but whose mother is alive (Pendlebury et al 2009).

³ A double orphan is a child whose mother and father have both died (Pendlebury et al 2009).

violence, poor socio-economic conditions and intimidation of victims and their families.

The context above provides an insight into the lived experiences of those who are rarely afforded a voice in political, professional and academic arenas. Moreover, it draws attention to the lack of progress made by government in realising children's socio-economic⁴ rights as enshrined in the Constitution of the Republic of South Africa, 1996 (Constitution). Despite the formal commitment to realise children's socio-economic rights through intersectoral ECD policies,⁵ this has not yet been achieved in practice. I believe, that my role as a scholar in the field of social policy is to explore why this is so. I believe that this failure is partly to be explained by the dominance of ECD discourses that fail to adequately acknowledge the social and cultural contexts within which children's development occurs in South Africa. By presenting a different set of conceptions, understandings and perspectives this dissertation hopes to open new channels for discussion and dialogue, and thereby assist a more politically conscious scholarship on behalf of South Africa's youngest children.

1.1 THEORETICAL FRAMEWORK OF THE DISSERTATION

Within the field of ECD policy and practice four broad frameworks or perspectives have been particularly influential, namely: (i) a developmental perspective; (ii) a human rights perspective; (iii) a social and cultural perspective; and (iv) a political and economic perspective. These frameworks draw on particular academic disciplines including psychology, sociology, anthropology and economics. They are also linked to areas of applied research in the fields of development, education, health and law. Consequently, as Woodhead (2006:5) suggests, 'the field can appear quite fragmented, with competing theoretical frameworks linked to profound differences in scientific and epistemological perspective, [which] in some cases are closely aligned with particular policy objectives and narratives'. The following

⁴ The Bill of Rights as enshrined in the South African Constitution commits the state to progressively provide a welfare system that entitles children the right to an adequate standard of living, adequate nutrition, shelter, health care, social security and education. They also have the right to be protected from maltreatment, neglect, abuse and degradation.

⁵ Intersectoral ECD policies such as the National Integrated Plan for Early Childhood Development 2005–2010 (NIPECD) aim to bring greater synergy and coordination to current government programmes undertaken by the Departments of Education, Health and Social Development in the area of ECD.

paragraphs briefly critique these theoretical frameworks and the ways in which they are aligned to particular policy objectives. This critique also explains the rationale for choosing the two theoretical frameworks that inform this dissertation, namely the human rights perspective and the social and cultural perspective.

The term 'early childhood' is a culturally constructed concept that has predominantly been understood and informed by child developmental psychology discourses from the Minority western world⁶. Early childhood research is dominated by a focus on the Minority world and this has promoted certain understandings of the child and early childhood development, most notably expressed through 'developmental norms' (Pence and Nsamenang 2008; Woodhead 2006). These norms are defined as standards by which the progress of a child's development can be measured at distinct phases and stages. Despite their Minority world origin and focus, these have come to be seen as universal, normal and desirable. Euro-Western models of ECD are, for the most part, underpinned by developmental principles and practices, most often referred to as 'developmentally appropriate practices'.

The developmental perspective is the most enduring and influential theme shaping ECD policy and practice in South Africa. However, it has been criticised for reflecting a narrow range of white, middle-class cultural values, beliefs and assumptions about what is normal development for any child at a given age/stage (MacNaughton 2005; Pence and Nsamenang 2008; Woodhead 2006). As MacNaughton (2005:22) notes, 'child development norms have been developed by studying white, middle-class children and so children outside these categories may well fail to meet the norms'. Specifically it may be argued that accounts of the 'normal' developing child fail adequately to take into account: (i) cultural diversities in early childhood; and (ii) the socio-economic contexts within which children's development occurs.

South Africa is home to an estimated 5.16 million children under the age of four years, of which 86.1% are black African, 7.8% Coloured, 4.4% White and 1.7% Indian/Asian (Statistics South Africa, 2006:7). Cultural and linguistic differences co-

⁶ The terms Minority and Majority worlds are used throughout this dissertation, instead of the more value-laden terms First and Third worlds, or Developed and Developing worlds. These terms are adopted to ensure that cultural ideals and values about early childhood, both in South Africa and other Majority countries, are considered and seen as a 'strength to work with, rather than an obstacle to overcome' (Pence and Nsamenang, 2008:i).

exist both between and within racial groups. Recognition and appreciation of the needs of children from diverse cultural and linguistic backgrounds is therefore crucial. Black Africans represent the largest population group in the country and as Nsamenang (2008) explains, indigenous black African⁷ practices are based on perceived stages and milestones of human ontogenesis, in which parents and peer mentors assign sequential *cultural* tasks to the stages of development they recognize within their culture. In this way children acquire the knowledge and skills that exist in their culture, rather than gaining unfamiliar knowledge and skills through instructional Western-style modes of learning. Extending on this, indigenous black African practices in contemporary South Africa are founded on the belief that children play critical roles in their own development and have a responsibility for their own self-education, as opposed to Western cultural practices, in which adults play critical roles in children's development and education (Pence and Nsamenang, 2008).

A model based on Western cultural values, beliefs and practices pays too little attention to local cultural contexts. This not only has a profound impact on children: when cultural values, beliefs and practices are devalued and dismissed, parents and communities can also feel confused, disempowered and neglected (Cohen, 2001). There are strong historical continuities here. Under apartheid the black African and Coloured populations were severely marginalised, their cultures were negated and disrespected, thereby stripping them of any claims to rights⁸ (Besalu, 2002). The implementation of Western models of ECD not only resulted in gross inequalities in ECD provisioning⁹ but also served to negate and devalue indigenous African traditions and child-rearing practices (Serpell, 1993). As Myers (1992:29) cautions 'early childhood programs more often than not are taking their cues from imported models that re-enforce value shifts towards the individualistic, production orientated cultures of the West. Is that what we want to be?' This is a central question for those scholars, myself included, who support Africa's efforts to hear its own voices and seek its own way forward (Callaghan, 1998, Serpell 1993, Pence and Nsamenang 2008, Prochner and Kabiru 2008).

⁷ The term 'indigenous black African' refers to indigenous traditions which are authentic local cultural traditions.

⁸ In 1948, the all-white Afrikaner National Party won the South African general election and began the institutionalisation of a system of racial segregation known as apartheid.

⁹ The intrusion of Euro-Western models of ECD was marked by gross inequalities in resources, provisions and opportunities for the black South African majority, particularly amongst the black African and Coloured population groups.

Woodhead (2006) suggests that one way to counter the dominance of Western cultural values, beliefs and practices is by drawing on an alternative framework that focuses on the ways in which young children's development occurs in, and is influenced by, multiple social and cultural contexts. Proponents of the social and cultural perspective put forward the case for 'contextually appropriate practices' that must of necessity take account of the social circumstances of children's lives, as well as an appreciation that the culture children inhabit generates a range of divergent practices and expectations for their development (Gielen and Roopnarine, 2004; Moss 2009; Pence and Nsamenang 2008; Serpell 1993; Woodhead 2006). This dissertation will argue that, by contrast, the current trajectory of developments in ECD policy and practice in South Africa reproduces Western cultural values, beliefs and practices in ways that counter social inclusion and disable diversity.

Western-led developmental principles and practices also overlook the social context within which children's development occurs. South Africa is home to more than 5.16 million children under the age of four, of which an estimated 66% are affected by poverty and other forms of adversities (abuse, neglect, malnutrition, FAS, HIV/AIDS) that negatively impact on a range of child outcomes that prevent early human development (Streak, Yu and Van Der Berg, 2009:14). A generalised model which overly focuses on children's cognitive development as it is experienced in the Minority world clearly fails to respond to the more serious issues of addressing young children's rights to adequate sustenance (nutrition, water, shelter etc.) as a precondition for their emotional, physical, social and hence cognitive development. As Pence and Nsamenang (2008:38) comment, 'the Euro-Western model is the formal system, despite its incompatibility with children's sociological, psychological and cognitive development'. As this dissertation will argue, measuring children's progress against universal developmental norms that fail to take account of children's social contexts is a fundamentally flawed approach.

In a similar vein, the political and economic perspective is underpinned by Western models of neo-liberalism and policy messages are transformed from 'early human development' into the language of 'early human capital' (Woodhead, 2006). Consequently, childhood is about early socialisation and preparing children for formal education (instrumental view) and employment rather than autonomy and a

focus on realising children's human potential through education (Woodhead and Montgomery, 2003). ECD policies globally are becoming increasingly strongly influenced by developmental principles and practices and underpinned by economic models of human capital. As this dissertation will show, the terms 'human capital' and 'economic growth' are clearly discernable in ECD political discourses in South Africa today.

There has also been a growing trend towards the marketisation of ECD. The rationale behind this is threefold: (i) ECD is seen as a cost-effective means to build human capital; (ii) ECD is a commodity (service) that contributes positively to economic growth; and (iii) market-driven approaches to ECD are seen as a means to improve the quality (standards) and efficiency of ECD programmes (Moss, 2009). The marketisation of ECD under apartheid resulted in gross inequalities in ECD provisioning. Despite this, government's vision for ECD in the post-apartheid era has been powerfully shaped by the belief that contemporary market-driven approaches to ECD set a benchmark to be aspired to. However, it is recognised that their effects are highly inequitable (Organisation for Economic Co-operation and Development, 2006). Although South Africa is regarded as a middle-income country, economic distribution continues to be marked by gross inequalities along racial lines (Taylor, 1997). Poverty is disproportionately high amongst the black African population (56.34%) followed by the Coloured (34.19%), Indian/Asian (8.43%) and White (0.38%) population groups (Bhorat and Van Der Westhuizen, 2009:3). This dissertation will argue that the marketisation of ECD in post-apartheid South Africa has further deepened inequities for the poorest and most vulnerable children.

From the above it is evident, that in my view, that the developmental perspective and the political and economic (neo-liberal) perspective are fundamentally flawed frameworks. Instead this dissertation is underpinned by a human-rights framework and by a framework that emphasises the centrality of social and cultural contexts.

Early childhood development is regarded as a major goal for child survival, development and protection in the 1989 United Nations Convention on the Rights of the Child (UNCRC), the 2000 African Charter on the Rights and Welfare of the Child (ACRWC) and the South African Constitution. The human rights framework is

fundamental to this dissertation because it draws attention to injustices in early childhood, whereby millions of young children in South Africa are denied their most fundamental right to live and develop to their full potential. Furthermore, this framework recognises that child development should not be narrowly focused on cognitive development, but must also take into account children's emotional, physical and social development. A good example of the way in which a human rights framework broadens our perspective can be seen in the South African Bill of Rights as enshrined in the Constitution. This commits the state to provide a welfare system and entitles children to a number of broad socio-economic and cultural rights, including:

- Section 26: Everyone has the right to access to adequate housing.
- Section 28 (1) (c) Every child has the right to basic nutrition, shelter, basic health care services and social services.
- Section 28 (1) (d) Every child has the right to be protected from maltreatment, neglect, abuse or degradation.
- Section 29 (1) Everyone has the right to basic education and further education
- Section 31 (1) Persons belonging to a cultural, religious or linguistic community may not be denied the right, with other members of that community (a) to enjoy their culture, practise their religion and use their language.

(Republic of South Africa, 1996)

The adoption of a human-rights based approach has been a crucial starting point for policy development in post-apartheid South Africa.¹⁰ However, realising young children's rights has not yet been achieved in practice. On its own the human rights framework is also therefore clearly inadequate. The South African experience bears this out; child poverty continues to increase despite the formal commitment to realise children's socio-economic rights through intersectoral ECD policies. A core challenge is to explore why this has been so. This dissertation will argue that this failure to realize children's human rights is partly to be explained by the dominance of the developmental and neo-liberal perspectives in ECD policy formation in South Africa.

¹⁰ Placing developments in ECD policy and practice within the historical context is critical since this period led to high levels of poverty and vulnerability amongst the black African and Coloured populations in South Africa.

Just as crucial however is the failure of the South African government to adopt a framework that acknowledges the importance of social and cultural contexts, the centrality of which we have already established in the critique of the developmental perspective.

1.2 LITERATURE REVIEW

A review of existing literature reveals a dearth of research on ECD in South Africa. Moreover, discussions with academics and professionals within South Africa, as well as my past research experiences have revealed a scarcity of research that challenges the developmental and neo-liberal frameworks that dominate ECD policy formation and practice. Scholarship has all too often tended to inform and mirror policy rather than provide an independent and thorough critique.

Woodhead (2006:5) maintains that 'the relationship between research and policy are rarely linear – of research informing policy, or vice versa'. However, in the case of ECD in South Africa policy has had a major influence on the direction of research. During the past five years, academics and professionals within the fields of child developmental psychology, early childhood development and economics have carried out a series of studies under the heading *Scaling up Early Childhood Development (ECD) (0-4 Years) in South Africa* (Biersteker 2007; Biersteker and Dawes 2008, Biersteker and Streak 2008; Biersteker, Streak and Gwele 2008; Budlender, Motala and Motala 2010; Dawes and Biersteker 2008 and 2010; Dawes, Biersteker and Irvine 2008; Dawes, Biersteker and Louw 2006; Ndingi, Biersteker and Schaffer 2008).

The primary aim of these government-funded studies is to improve the evidence-base supporting the implementation of intersectoral ECD policies and government's vision of increasing access to a range of high quality ECD programmes. These studies cover a wide thematic focus at the level of policy implementation, including: quality indicators; budgeting; institutional delivery models; and international case studies. While these studies make a contribution to evidence-based policy, for which they are intended, programme implementation is treated as an isolated subject, separate from the social and cultural contexts which can enable and constrain policy

implementation. In other words, these studies do not question the underlying frameworks or assumptions guiding ECD policy and practice, but instead merely gather data to measure, support and sustain existing policy and practice.

Overall these studies have been devoted to the subject of 'quality'¹¹ and in particular to 'elements of ECD programme quality'. It is important to note however that the concept of 'quality' is itself highly contested, particularly in Majority country contexts (Dahlberg and Moss 2005, Dahlberg, Pence and Moss 2007; Moss and Pence 1994, Woodhead 2006). Within the South African context, there is an assumption made by academics, professionals and government officials that child developmental psychology 'experts' are best placed to define quality, as well as the norms and standards (elements of ECD programme quality) by which the child's care and learning environment can be assessed and measured.

As Woodhead (2006:17) comments 'idealised assumptions about what constitutes a quality environment for early childhood are also reflected in the *Early Childhood Environment Rating Scale, ECERS*, (Harms and Clifford 1980), and are also widely used, despite being based on relatively narrow cultural assumptions about what counts for quality in early childhood'. Despite this, these quantitative observation instruments have been applied with only minor adaptations in South Africa. A dominant class of 'experts' are therefore employing positivist research methods which are not only exclusionary in nature, but which reflect a narrow range of cultural practices that homogenise children making limited allowance either for individual differences or for the social and cultural contexts within which children's development occurs. In addition, these observation instruments focus exclusively on children's cognitive development, rather than adopting a more holistic approach. There is an assumption, for instance, that children's basic nutritional needs have been met and therefore questions are heavily skewed towards measuring factors such as the learning environment and cognitive development.

For instance, Dawes and Biersteker (2010) employed a positivist approach to assess the 'quality' of formal ECD programmes for children between birth and five years,

¹¹ The term 'quality' is generally understood as an attribute of services for young children that ensures the efficient production of predefined, normative outcomes, typically developmental or simple learning goals (Dahlberg and Moss 2008).

within the Western Cape. Western-derived quantitative observation instruments including the *Infant and Toddler Environmental Rating Scale (ITERS)* and the *Early Childhood Environmental Rating Scale (ECERS)* were adapted and applied to the South African context. The study revealed that 'on average, the quality of children's care and learning environments in both infant and toddler and early childhood ECD classrooms in the Western Cape *falls within the minimum standard* as set out in the Guidelines for ECD services' (Dawes and Biersteker, 2010:7). Moreover, the findings revealed that 'children most in need are not receiving the level of care and stimulation needed to offset the deprivation they experience at home and in the community' (Dawes and Biersteker, 2010:9). These kinds of research studies tend to emphasise what people already know, rather than being concerned with a different set of research questions, such as: (i) How quality should be defined?; (ii) Who should define quality?; and (iii) How can quality take into account the social and cultural contexts within which children's development occurs?

The above research study is based on the acceptance of positivistic science, and is underpinned by Western cultural values, beliefs and assumptions of what constitutes 'quality'. In their influential book *Beyond Quality in Early Childhood Education and Care*, Dahlberg, Moss and Pence (2007) address the problem of 'quality' itself, arguing that it is neither natural nor neutral and should not therefore be taken for granted. Within the South African context early childhood development is narrowly focused on 'education' and adheres closely to universal definitions of 'quality', 'norms' and 'standards' applied by a dominant class of 'experts' operating on the basis of Western values. As Moss and Pence (1994:173) note 'the challenge is to develop a new paradigm for defining quality based on participation by a broad range of stakeholders, and recognition of values, beliefs and interests underpinning definitions'. The alternative paradigm proposed by these authors seeks to transform the roles, processes and principles most often found in exclusionary practices which by their nature, involve the exercise of power and control by a limited set of powerful stakeholders (academics, professionals and government officials).

While the above debate is specifically concerned with the concept of 'quality' the alternative paradigm proposed offers the potential more generally for a more democratic, participatory and ethical scholarship that is informed by an

understanding of social and cultural context. It is therefore central to this dissertation. Proponents of the social and cultural perspective present a different set of conceptions, understandings and perspectives that offer a more politically conscious scholarship on behalf of young children. As Pence and Nsamenang (2008:5) reveal:

there are other voices from other places that are not being heard in national and international corridors of academic, professional or political power. Among these voices are those of children and families in local contexts, and indeed at whole regional levels – such as sub-Saharan Africa (SSA) (and other parts of the Majority world).

While it is clear that there are those who support Africa's efforts to hear its own voices, it is evident that within the academic, professional and political arenas these voices are currently being 'stifled' by the dominance of developmental and neo-liberal discourses. There are of course, some exceptions, including Dahlberg, Moss and Pence 2007; Engle 2008, Kagitcibasi 2007; Nsamenang 2004 and 2008, Pence 1999; Penn 2005, MacNaughton 2003, 2005 and 2006, Moss 2007 and 2009, Viruru 2001 and Woodhead 2006 and 2009. The Bernard Van Leer Foundation¹² also supports research and 'thought pieces' that challenge dominant ECD discourses and address the overwhelming need to promote the voices of those for whom ECD policies and practices are developed in the majority world. Many of these scholars draw on Africa's rich cultural heritage and are committed to the development of indigenous African pedagogies that support children's innate capacity to be agents of their own development.

In their influential paper entitled *A case for early childhood development in sub-Saharan Africa*, Pence and Nsamenang (2008) suggest that the success of ECD efforts in Africa requires the fine-tuning or delicate balancing of indigenous African models of ECD with imported models of ECD. Thus, the argument here is not for the exclusion of Western models, but rather to also recognise the need for approaches to ECD that take account of the social and cultural contexts within which children's

¹² The Bernard van Leer Foundation funds and shares research in early childhood development. It plays a key role in supporting diverse, community-sensitive approaches to early childhood development in Majority world countries.

development occurs. While these scholars are modest in suggesting that their role is merely to introduce a 'stutter' into a dominant international narrative, it is my conviction that there is much we can learn from their 'stutter' in developing alternative frameworks for ECD policy and practice.

While the way forward is filled with challenges from the legacies left by apartheid and the current socio-economic and political context, Pence and Nsamenang (2008:36) argue that 'such challenges are better addressed through an appreciation of contexts, rather than through the import of a-contextualised understandings alone'. In agreement with these authors this dissertation proposes that contemporary responses to ECD in South Africa are best addressed through an appreciation of social and cultural contexts, rather than being based on neo-liberal Euro-Western models of ECD, models that are presented as 'best practice' (Woodhead 2006, Nsamenang 2004).

As Dahlberg and Moss (2005) suggest '[a] critique of dominant early childhood discourses is the starting point for recognising structures of social control, oppression and social exclusion, social inequalities and injustices, thereby opening the door to a more politically conscious scholarship on behalf of young children' (in Woodhead, 2006:24). Having internalised this profoundly thought-provoking statement I realised where my research interests lay and developed the following research questions and objectives.

1.3 RESEARCH QUESTIONS

This dissertation critically examines the legislative and policy framework governing ECD service provision in South Africa since 1994. It is structured around the following four research questions:

- What determining historical contexts distinguish ECD in South Africa pre-1994?
- How has ECD policy evolved in South Africa at the national level since 1994?

- What are the dominant ECD discourses within the current global context and how have these influenced national developments in ECD policy in South Africa since 1994?
- How have developments in ECD policy since 1994 at the national level shaped ECD provisioning in the case of the Western Cape province?

1.4 RESEARCH OBJECTIVES

The dissertation has the following research objectives:

- To critically examine determining historical factors distinguishing ECD in South Africa pre-1994.
- To critically examine the policy framework governing ECD in South Africa since 1994.
- To critically examine the dominant ECD discourses within the current global context and to explore how they have influenced national developments in ECD policy in South Africa since 1994.
- To consider how developments in national ECD policy since 1994 have shaped ECD policy and practice in the case of the Western Cape province.

1.5 SIGNIFICANCE OF THE DISSERTATION

The significance of this dissertation is that it seeks to encourage research that critically examines ECD policy, instead of merely measuring its effects. As already discussed, existing research under the heading *Scaling up Early Childhood Development (ECD) (0-4 Years) in South Africa* is beset by a number of key problems. Furthermore, while some scholars have made valuable contributions to: (i) documenting the historical trajectory of developments in ECD policy and practice in South Africa, as well as; (ii) the lack of progress made by government in realising young children's socio-economic rights through intersectoral ECD policies (Ebrahim

2010, Porteus 2004, Martin 2009), there has been at best limited critical engagement with the policies themselves. Thus, the scholarship is strong in measuring the scale of the problems, but weaker at identifying how these might originate in the policies themselves.

Consequently, there is a dearth of literature challenging the underlying values, beliefs and assumptions that underpin ECD policy and practice in South Africa. Just as crucial however is the dearth of South African literature that shows awareness of ECD discourses that draw on social and cultural diversity in the study of child development. It is my intention to help bridge these gaps and in so doing to contribute to a much needed expansion of critical thoughts and ideas about ECD policy and practice in South Africa. I intend to present a different set of conceptions and understandings with the aim of awakening critical consciousness amongst multiple actors in the field of ECD. As Lawson (1997:158) suggests 'social structure is dependent on human agency ... open to transformation through changing human understandings on which people may act'. In taking note of this, I hope that this dissertation will not only open new channels for discussion and dialogue, but will also influence the ways in which people act to improve the lives of millions of young children in South Africa.

1.6 DEFINITION OF TERMS

The terms used frequently in this dissertation are described and explained below.

- **EARLY CHILDHOOD DEVELOPMENT (ECD)**

The Children's Amendment Act (Act No. 41, 2007) defines Early Childhood Development (ECD) and provides a brief description on the meaning of ECD services and ECD programmes. Section 91 of the Act states:

Section 91. (1) Early Childhood Development means the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age.

(2) Early Childhood Development services means services:
(a) intended to promote early childhood development; and
(b) provided by a person, other than a child's parent or caregiver, on a regular basis to children up to school-going age.

(3) An early childhood development programme means a programme structured within an early childhood service, to provide learning and support appropriate to the child's developmental age and stage.
(Republic of South Africa, 2007:28)

- INTEGRATED APPROACH TO ECD SERVICE DELIVERY

The National Integrated Plan for Early Childhood Development in South Africa 2005 - 2010 (Departments of Education, Health and Social Development, 2005:7) is the most explicit about what integration means and uses the term to describe:

the approach in ECD where services and programmes are provided in a comprehensive and interwoven manner, with the aim of ensuring the holistic development of children. In this sense, the integrated approach entails providing children with birth registration, health, nutrition, water, sanitation, psychosocial care, early learning, and provision, through the strengthening of the capacity of communities and improving access to basic services at the local level.

- VULNERABLE CHILDREN

The National Integrated Plan for Early Childhood Development in South Africa 2005 - 2010 defines vulnerable children as:

- Children with physical disabilities and incurable diseases
- Children affected and infected by HIV
- Children from dysfunctional families
- Children in homes headed by other children
- Children from poor households and communities
(Departments of Education, Health and Social Development, 2005:10)

1.7 STRUCTURE OF THE DISSERTATION

Chapter Two: presents the dissertation's research design and methodologies. It includes: the research design; study area; data collection methods; the data analysis process; and a discussion of the dissertation's limitations.

Chapter Three: explores the four research questions posed earlier in this chapter. It is organised around the following four headings:

- (i) The historical context of ECD in South Africa pre-1994
- (ii) Developments in ECD policy at the national level in South Africa since 1994
- (iii) Dominant ECD discourses and their influence on ECD policy and practice in South Africa since 1994
- (iv) How developments at national level since 1994 have shaped ECD provisioning in the case of the Western Cape Province

Chapter Four: presents the dissertation's conclusions.

CHAPTER TWO

RESEARCH DESIGN AND METHODOLOGY

2. INTRODUCTION

This chapter sets out the dissertation's methodological framework. It includes a discussion of: the study area; research design, data collection methods; phases of data collection; sampling design and size; data management and analysis; as well as reflections on the researcher's 'insider position' and the dissertation's limitations.

2.1 STUDY AREA

The study was carried out in the Republic of South Africa, with a specific focus on the Western Cape province. My decision to focus the case study on the Western Cape province was informed both by my experience and knowledge of working in the field of ECD within this province, as well as my belief that a national study of what is happening at the grassroots would be too broad and general. However, at the same time no study of the provincial level can take place without a full consideration of the national legislative and policy framework. The National Integrated Plan for Early Childhood Development 2005–2010 (NIPECD) is the national policy document governing the delivery of ECD services in South Africa. An in-depth and detailed examination of this Plan is therefore vital and consequently forms the bulk of this dissertation. This dissertation is therefore situated at the interface between the national and provincial levels.

2.2 RESEARCH DESIGN

The research design for this dissertation is embedded in the qualitative research paradigm. This paradigm uses an inductive form of reasoning to develop concepts in the form of themes and categories, data is presented in the form of words and is analysed and interpreted to determine relationships between themes and elements and to draw conclusions. De Vos, Strydom, Fouche and Delport (2006:123) explain that 'designs used by qualitative researchers will differ depending on the purpose of

the study, the nature of the research question, and the skills and resources available to the researcher'. Due to the nature of this dissertation it was necessary to make use of multiple qualitative research methods, including: (i) a documentary analysis; (ii) a review of literature; and (iii) interviews. The advantage of making use of multiple qualitative research methods to collect data is that it deepens and widens one's understanding of the topic under investigation. Social realists such as Layder (1998) propose a methodological approach to social science which takes into account the layered and textured nature of social reality.

2.3 DATA COLLECTION METHODS

This dissertation draws on a *documentary analysis* research design in which documents are studied to analyse words and meanings¹³. According to Bailey (1994) the use of documentary research methods refers to the analysis of documents that contain information about the phenomenon we wish to study. This particular research method is often overlooked: its marginalisation stems from a mainstream social science research tradition that is dominated by a particular philosophy – positivism – that is preoccupied with prediction, quantification and measurement (Fleetwood, 2005). However, as Mogalakwe (2009:43) explains 'it is nevertheless an acceptable and respectable research method that is also scientific and requires rigorous adherence to research ethics'.

The rationale for adopting this particular research method is that it is not merely descriptive, but rather enables an analysis of the motivation, intent and purpose of a document within a particular historical context. A documentary analysis was conducted to achieve a contextual understanding of the key drivers shaping ECD in South Africa at particular moments in time. The primary aim of this was to address the first two research questions of the dissertation, which seek: (1) *to critically examine determining historical factors distinguishing ECD in South Africa pre-1994* and; (2) *to critically examine the policy framework governing ECD in South Africa since 1994*.

¹³ The analytical tool applied to make meaning of the words is referred to as discourse analysis.

The dissertation also draws on the *literature review* model of research design in which an overview of trends and debates in a particular discipline are analysed (Mouton, 2001). Within the field of ECD, policy and practice have been influenced and shaped by competing discourses about young children's development and their role in the family, community and society. As discussed in chapter one, these discourses themselves emerge from competing theoretical frameworks that are characterised by profound differences in scientific and epistemological perspectives (Woodhead, 2006). There is a vast literature on the developmental, human-rights and neo-liberal frameworks which have influenced and shaped the uptake of ECD by governments in the Minority and Majority worlds. However, this dissertation draws on, and contributes to, an emerging field that critically examines these frameworks. At the same time it seeks to draw attention to an alternative theoretical framework that focuses on social and cultural diversity in the study of child development. The literature review was therefore conducted to allow me to address the third research question of the dissertation, which aims *to critically examine the dominant ECD discourses within the current global context and to explore how they have influenced national developments in ECD policy in South Africa since 1994*.

Finally, in addition to the documentary analysis and the literature review I carried out interviews with a number of key informants from the Western Cape province. Key informants included those who have been directly involved in the decision-making, policy-making and implementation processes. The primary aim of the interviews was to address the fourth research question of the dissertation, namely *to consider how developments in national ECD policy since 1994 have shaped ECD provisioning in the case of the Western Cape province*.

2.4 PHASES OF DATA COLLECTION

In making use of multiple qualitative research methods it was necessary to adopt a logical sequence to collect data, this took the form of three interlinked phases:

- (i) Phase One involved the collection and analysis of relevant documents;
- (ii) Phase Two involved the collection and review of relevant literature; and
- (iii) Phase Three involved carrying out interviews with key informants.

2.4.1 PHASE ONE: DOCUMENTARY ANALYSIS

The core focus of this phase is a close reading and analysis of the National Integrated Plan for Early Childhood Development in South Africa (NIPECD), formulated in 2005, by the national Departments of Education, Health and Social Development. This policy document was analysed to identify: (i) the issues that constitute the focus of intersectoral ECD policies; (ii) the underlying values, assumptions and ideologies and; (iii) the tensions and inherent contradictions between policy and practice. In addition, the dissertation aims to shed light on any tensions or contradictions between the messages presented in the NIPECD and those articulated by senior government officials, as well as those presented in official statistics.

In order to better set this contemporary ECD policy in a broader historical and comparative context it was also necessary to draw on a range of other public documents. These included: (i) South African policies impacting on ECD service provision pre-1994; (ii) the statements and declarations of international bodies like the United Nations; (iii) legislation, policies and guidelines impacting on ECD service provision post-1994, and; (iv) the ECD policies of a range of other nation states. This included, but was not restricted to, the documents listed in Table One.

TABLE ONE: CONVENTIONS, STATUES AND POLICIES

CONVENTIONS, POLICIES AND STATUTES	SOURCE
National policies pre-1994	<ul style="list-style-type: none"> ▪ National Education Policy Act of 1967
International Conventions	<ul style="list-style-type: none"> ▪ The UN Convention on the Rights of the Child (1989) ▪ The African Charter on the Rights and Welfare of the Child (1999)
National statutes	<ul style="list-style-type: none"> ▪ The Constitution of the Republic of South Africa, Act 108 of 1996 ▪ Children's Act No 38 of 2005 as amended by Act No 41 of 2007
National policies, plans and guidelines post-1994	<ul style="list-style-type: none"> ▪ White Paper for Social Welfare, 1997 ▪ Education White Paper [5] on ECD, 2001 ▪ Expanded Public Works Programme – ECD, 2004 ▪ Guidelines for ECD Services, 2006
International ECD policies	<p><u>Minority world contexts</u></p> <ul style="list-style-type: none"> ▪ Childcare Act 2005 – The Netherlands ▪ Childcare Act 2006 – Great Britain <p><u>Majority World contexts</u></p> <ul style="list-style-type: none"> ▪ National Early Childhood Care and Development Policy, 2004 – Ghana ▪ National Early Childhood Development Policy, 1996 – Namibia ▪ National Policy for Children, 2003 - Mauritius

The purpose of drawing on the above mentioned documents (in Table One) was threefold. First, to set contemporary policies in a broader historical context in order to gain insights into the key drivers shaping ECD policy and to understand the ways in which apartheid had created disparities in access, quality and delivery of ECD in South Africa prior to 1994. Second, to identify specific commitments recorded in international and national statutes which gave momentum to the national legislative and policy framework governing ECD service provision in post-apartheid South Africa. Third, to draw comparisons between ECD policy as it has developed in South Africa post-1994 and a number of other countries. These include Western or Minority world countries, particularly those that have had a historical influence in South Africa,

namely the Netherlands and Great Britain. The experience of several Sub-Saharan African countries which have also developed intersectoral ECD policies over the last decade and which face similar challenges to South Africa has also been considered.

2.4.2 PHASE TWO: LITERATURE REVIEW

To supplement and deepen the documentary analysis I also engaged in a review of ECD literature. This contributed towards a clearer understanding of the ways in which dominant ECD discourses have influenced and shaped policy and practice globally. A strategy was used for conducting the review of literature to refine the quantity and quality of literature sourced. The first step was to find a text book, journal article or research paper that would not only serve as a primary source of information in relation to the four broad frameworks or perspectives within the field of ECD policy and practice, but also contained a select bibliography of text books, reports and research projects dealing with the subject. The primary source selected was a research paper by Martin Woodhead (2006) entitled *Changing perspectives on early childhood: theory, research and policy*. This paper was funded by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and prepared for the Education for All Global Monitoring Report of 2007, which was entitled *Strong foundations: early childhood care and education*.

This primary source was of great value as it served as a 'road map' to refine the quantity and quality of literature sourced. The second step was to search for, and review literature from leading scholars in the field of ECD, namely: Gunilla Dahlberg, Patrice Engle, Peter Moss, Glenda MacNaughton, Alan Pence, Helen Penn, and Bame Nsamenang. Some of these scholars are from the Minority world, others from the Majority world, and some come from partnerships across both. These scholars not only make significant contributions to the literature on ECD policy and practice in Minority and Majority world contexts, they also draw attention to alternative discourses inscribed with different theoretical and cultural perspectives. In addition they have also been instrumental in carrying out research, conducted in Majority countries, and reported by non-governmental agencies, such as, the Bernard Van Leer Foundation, UNESCO, UNICEF and the World Bank. The literature was obtained from the University of Cape Town Libraries, the Human Sciences Research

Council (HSRC), the Children's Institute, the Departments of Education and Social Development, as well as the Alliance for Children's Entitlement to Social Security (ACCESS) and numerous ECD NPOs such as the Centre for Early Childhood Development and the Foundation for Community Work. The internet was also a valuable resource.

2.4.3 PHASE THREE: INTERVIEWS

I also carried out one-to-one interviews with key informants from the Western Cape province. For the purpose of this dissertation, key informants were defined as people directly involved in the policy-making and implementation processes. Semi-structured interviews were carried out. De Vos et al (2006:296) explain that 'researchers use semi-structured interviews in order to gain a detailed picture of a participant's beliefs, or perceptions or accounts of, a particular topic'. According to May (in De Vos et al, 2006:297), the advantage of semi-structured interviews is that they are 'organised around areas of particular interest, while still allowing considerable flexibility in scope and depth'. Interview schedules were therefore used simply to guide the interview process, rather than to dictate or constrain it.¹⁴

2.4.3.1 INTERVIEW SAMPLING DESIGN AND SIZE

- **SAMPLING DESIGN**

Sampling is the process used to select participants for inclusion in the research study. Babbie and Mouton (2007:166) concur that it is 'appropriate for you to select your sample on the basis of your knowledge of the population, its elements, and the nature of your research aims: in short based on your judgement and the purpose of the study'. Because of my experience of working in the ECD sector in the Western Cape I was able to draw on my knowledge of the population and I therefore adopted a purposive sampling method to identify participants for inclusion in the research study. Participants were drawn from four sample frames, as outlined in Table Two.

¹⁴ It should be noted that although the interview schedules were highly structured, during the interviews they were only used as a guide. I did not follow the schedule rigidly but instead allowed participants to talk in a relatively free and unstructured manner. The interview schedule was most useful when I had specific questions for certain participants, but even then these specific questions only formed part of the interview. The interviews were largely semi-structured in the sense that I allowed participants to talk freely and I encouraged a conversational style.

TABLE TWO: SAMPLE FRAMES FROM WHICH PARTICIPANTS WERE DRAWN

SAMPLE FRAME	DESCRIPTION
One	Senior government officials from the Provincial Government of the Western Cape, Department of Social Development (PGWC DoSD).
Two	Social workers from the Department of Social Development's (DoSD) district offices in the Western Cape province.
Three	Personnel from Early Childhood Development, Non-profit Organisations (ECD NPOs) within the Western Cape province.
Four	Researchers who carry out research in the field of ECD, specifically in the Western Cape province.

• **SAMPLE SIZE**

The inclusion of the whole population of persons from the four sample frames could not, for reasons pertaining to feasibility and finance, be the sample size. Instead I purposefully selected a small sub-set of the larger population. Babbie and Mouton (2007:166) provide sound reasoning for this decision. They explain that 'you may wish to study a small subset of a larger population in which many members of the subset are easily identified, but the enumeration of all of them would be nearly impossible'. From the four sample frames I selected seventeen participants for inclusion in the research study. The following paragraphs explain why and how these selections were made.

First, due to the nature of this dissertation it was imperative to capture the core values, beliefs and assumptions of senior government officials within the PGWC DoSD. Here the selection process was relatively straightforward as only a handful of key individuals have been primarily involved in the ECD policy-making process and/or overseeing the implementation of ECD policies in the province. I selected three of these senior government officials for inclusion in the research study.

Second, social workers from the DoSD district offices were selected because they play a key role within the ECD sector in the province. Their primary responsibilities include: (i) the registration of ECD facilities; (ii) providing support to personnel at ECD facilities to improve the quality of ECD programmes at registered ECD facilities

and; (iii) monitoring the quality of ECD programmes at registered ECD facilities. I selected six social workers from six different district offices. In each case the social worker selected was the individual who had primary responsibility for ECD in that particular district office.

It was also necessary to take into consideration the urban/rural distribution of the district offices and also the cultural/linguistic differences of the communities that the different district offices serve. Of the sixteen DoSD district offices in the province, eight are located in rural areas and eight in urban areas.¹⁵ Three social workers were chosen from district offices in rural areas and three from district offices in urban areas. As this dissertation focuses on impoverished communities occupied primarily by black Africans and Coloureds it was also necessary to ensure equal representation of district offices from these communities. Of the six offices selected for inclusion, one is in a primarily Coloured (predominantly Afrikaans speaking) community and one is in a primarily black African (predominantly isiXhosa speaking) community. The other four district offices are located in mixed communities where both black Africans and Coloureds live and where both Afrikaans and isiXhosa are spoken.

Third, six directors from six ECD NPO organisations within the Western Cape were selected for inclusion. A close working relationship exists between the directors of ECD NPO organisations and senior government officials from the PGWC DoSD. This is both because these directors are responsible for overseeing the delivery of a range of ECD programmes on behalf of the PGWC DoSD, and because they deliver training to practitioners in the formal and informal ECD sector. In turn, and because of the key roles they play, ECD NPO directors are also centrally involved in ECD policy-making processes within the province.¹⁶ Given their important influence over both policy and practice this research study targeted directors for interview. The six directors were selected from six of the eleven ECD NPO organisations that operate within the province. I selected directors from six ECD NPO organisations that deliver ECD programmes and training in both urban and rural areas and which serve both impoverished black African and Coloured communities.

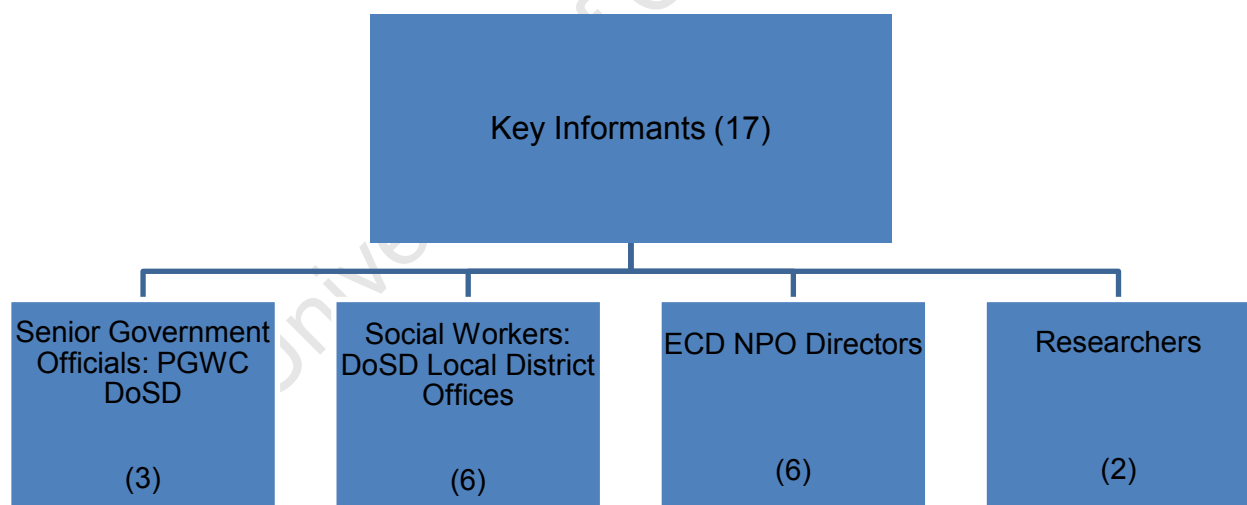
¹⁵ I have not included details of the names of these district offices to protect the anonymity of the social workers.

¹⁶ See Chapter Three, page 120 for a fuller analysis.

Fourth, two researchers were selected for inclusion. As already established in chapter one, there is a close link between government research and ECD policy and practice in the Western Cape. The majority of studies in this field are part funded by the PGWC DoSD and aim to improve the evidence-base supporting the implementation of intersectoral ECD policies.¹⁷ Given that researchers play such a key role in informing government policy it was crucial to include them in this study. The two selected are amongst the leading researchers in this field in the Western Cape province.

The key informants selected for inclusion in phase three of the study can be seen in Figure One.

**FIGURE ONE: SELECTION OF KEY INFORMANTS
FOR INCLUSION IN THE STUDY**



¹⁷ See Chapter One pages 9-11 for a fuller discussion of these studies.

2.5 DATA MANAGEMENT AND ANALYSIS

Data management and analysis is the process of bringing order, structure and meaning to the mass of data collected during the research process. Multiple research methods were employed to collect data at three phases in the research process. To promote a well structured and valid analysis of the data collected during phase one (documentary analysis) I drew upon on elements of David Gil's (1992:70) *Framework for Analysis and Development of Social Policies*. This framework includes the following areas of investigation and analysis:

1. Issues dealt with by the policy: nature, scope and distribution of the issues, as well as the casual theory(ies) or hypothesis(es) concerning the issues;
2. Policy objectives: overt objectives and covert objectives;
3. Value premises and ideological orientations underlying the policy objectives: implicit and explicit value premises;
4. Theory(ies) or hypothesis(es) underlying the strategy and the provisions of the policy;
5. Targeting segment(s) of society – those at whom the policy is aimed.

This framework enabled me to carry out a systematic analysis of ECD policies developed in South Africa since 1994, which was the core focus of phase one. The first step was to scan policy documents in order to gain a global perspective and thereby identify recurring issues and ideas that could become major themes. Next, by reading through the data carefully and more than once, I identified major themes for each area of investigation. As data analysis continued, I identified specific topics under each theme that would make up categories and sub-categories. For instance, human rights emerged as a major theme in relation to the values and ideologies underlying policy objectives. Figure Two illustrates the categories and sub-categories identified under this theme:

FIGURE TWO: THEMES, CATEGORIES AND SUB-CATEGORIES



Figure Two illustrates that the human rights framework underpins policy objectives, which in turn, are guided by a set of principles including access, equity, excellence and diversity. Thereafter the topics emerging in the sub-categories were used to determine the hypotheses guiding strategies and provisions of ECD policies. As Gil (1992:69) notes, an important aspect of this approach is ‘the explication of policy objectives with respect to the focal issues, of value premises underlying these objectives, and of hypotheses guiding the strategies and provisions of a policy’. These were all key to this dissertation.

Data analysis is an ongoing cyclical process (McMillan & Schumacher, 2001) and was therefore integrated into all phases of the qualitative research process. For instance, the data collected during the literature review allowed me to build and reflect on the major themes, categories and sub-categories that had emerged during phase one. This process uncovered inherent tensions and contradictions in the policy framework. In gaining a more in-depth understanding of the four broad frameworks that shape ECD policy, it became evident, for example that the principle of ‘excellence’ should not be located within the human-rights framework. Rather it is the neo-liberal framework that is most concerned with terms such as ‘best practice’ and ‘quality’. This led to an inquiry into current trends and debates regarding these terms, and in particular ‘quality’. The review of literature therefore widened and deepened the research inquiry.

Finally, the data collected from the interviews was analysed using Tesch's (1990) eight stages and followed a methodical and systematic approach to the analysis and interpretation of the data. I adhered to the following eight stages:

TABLE THREE: ANALYSIS OF DATA COLLECTED DURING INTERVIEWS

STAGE	DATA ANALYSIS
One	All interviews were audio-recorded and transcribed onto a computer, and the data was kept on disk for safety. I read through each of the transcripts carefully in order to gain an overall picture. I also obtained written documentation from some key informants and I followed the same process for the analysis of this data.
Two	One interview from each of the four sample frames was selected to identify emerging themes. Once the themes were identified I made notes in the margins of interviews.
Three	The themes were then clustered into three groups: (i) major topics; (ii) unique topics; and (iii) left-over-topics.
Four	Three lists were compiled to identify the categories under each of the three themes. Where Tesch makes use of abbreviated codes to identify the topics, I made use of a computer to assist with the data analysis and to colour-code the text.
Five	I then copied and pasted the colour-coded text from each of the transcripts into sections under the heading of the relevant themes and categories.
Six	The categories were then arranged in order of significance.
Seven	A preliminary table was used to record the main themes and categories and was used as a framework for discussing the findings. Thereafter I made comparisons and contrasts between participants' responses.
Eight	The final stage involves, where necessary, the recoding of data to give greater clarity and meaning. I did not need to implement this process.

According to McMillan and Schumacher (2001) claims of validity are made according to both the data collection and analysis techniques employed. In order to enhance the validity of my dissertation, multiple research methods were employed to collect data and a range of analytical techniques were adopted. This allowed for triangulation during data collection and analysis, which further deepened the analysis.

2.6 RESEARCH ETHICS

This dissertation involved human subjects through interviews and it was therefore necessary to comply with the University of Cape Town (UCT) Code for Ethics in Research. According to De Vos (1998:24) 'ethics are a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents'. In complying with the UCT Code for Ethics in Research I adhered to the following ethical considerations during the research process:

- *Informed Consent* - Consent for this dissertation was obtained from the Provincial Government of the Western Cape, Department of Social Development. The Research Ethics Committee within this department gave ethical clearance for this dissertation and issued a letter to be presented to government officials at the PGWC DoSD and social workers at DoSD district offices. I communicated with all participants prior to carrying out the interviews, either in person or telephonically. The purpose of the research was explained, as was the voluntary nature of their participation. In addition, I developed a consent form and where possible this form was emailed to participants prior to interview. At the beginning of each interview I asked participants to read through the consent form and to sign if they agreed to participate. Permission to use the audio recorder was also sought. Participants were also informed that they were free to terminate the interview at any stage without consequences.
- *Anonymity of Respondents* – Anonymity was guaranteed to all participants; assurance was given that the dissertation would not reveal their identities. I also explained that while the study was conducted first and foremost for academic purposes, it would be made available to participants and to the PGWC DoSD on request. Information gathered during the interviews was kept in strictest confidence and I deleted the audiotapes as soon as the data was analysed.

2.7 LIMITATIONS OF THE DESIGN AND METHODOLOGY

One limitation of this research study is that it focuses in on the end-product in terms of government policy documents rather than on the processes by which those policies were formulated. This means that the debates and arguments that may have been involved in the making of any given policy may be obscured. A policy document is often a product of conflict and compromise between different viewpoints and actors. However, this approach was taken because focusing on the end product - the policy itself – made it possible to identify the dominant discourses, perspectives and agendas. By carrying out a detailed documentary analysis it is moreover possible to identify contradictions and tensions within a policy document, where these exist. This means that we may also often be able – at least to some extent - to identify traces of the debates and arguments that shaped the processes of policy formation. The triangulation method also helped here because it allowed me – through the interviews - to gain a deeper understanding of the viewpoints of the different actors involved in policy formation within the Western Cape.

Secondly, the dissertation focuses primarily on policy rather than practice. This is because my primary objective was to identify and analyse the dominant discourses, theories and frameworks that have shaped ECD in South Africa since 1994. A full critique would also need to look more fully at the relationship between policy and practice, but this demands a different kind of study. Finally, scholarship on ECD also needs to take the question of experience more fully on board and in particular the experiences of children and adult caregivers. Although I have included some of these voices here - through research done for two previous studies - my primary focus on policy meant that I mostly chose to interview actors who have power and influence within the political and social structures of the ECD world, including for example, government officials, academic researchers and ECD NPO directors.

2.8 REFLEXIVITY

I am English speaking and am neither fluent nor literate in isiXhosa or Afrikaans. Since these are the predominant languages used by participants within the sample, I experienced some anxiety prior to embarking on the interviews. Prior experience of

carrying out research studies at the grassroots level in Afrikaans and isiXhosa speaking communities made me aware of the limitations of having to rely upon interpreters and the frustration of being unable to understand participants expressing their views and opinions in their first language. However, I was able to carry out the interviews for this study in the English language. All participants were fluent in English and therefore able to express their views and opinions in the English language.

2.9 THE RESEARCHER

I was employed in the ECD NPO sector for eight years prior to carrying out this dissertation. My 'insider position' influenced this dissertation in a number of ways. First, I was motivated to embark on this dissertation by my deep concern for the children and families among whom I worked. Second, my experiences in the field highlighted the failure of current ECD policies and practices to address the profound problems these families faced. Third, my experience of working in this sector meant that I was able to embark on the project with an already well-developed understanding of how it worked and in particular of the key stakeholders and the different roles they play within it. This also meant that I was able to draw on my experience and prior knowledge to identify the key participants for the interview phase. In addition, in many cases I had experience of working with the individuals I interviewed and therefore the interview process was often less formal, more relaxed and more conversational in style.

CHAPTER THREE

A CRITIQUE OF ECD IN SOUTH AFRICA BEFORE AND AFTER 1994

3. INTRODUCTION

This chapter explores the four research questions posed in Chapter One, namely:

- What determining historical contexts distinguish ECD in South Africa?
- How has ECD policy evolved in South Africa at the national level since 1994?
- What are the dominant ECD discourses within the current global context and how have these influenced national developments in ECD policy in South Africa since 1994?
- How have developments in ECD policy since 1994 at the national level shaped ECD provisioning in the case of the Western Cape province?

This chapter is divided into four sections, each of which relates to each of the questions above.

PART ONE: THE HISTORICAL CONTEXT OF ECD IN SOUTH AFRICA – PRE-1994

In part one I critically examine the history of ECD in South Africa pre- 1994. The primary aim is to draw attention to the historical and political contexts in order to interpret the mechanisms (values and beliefs) that shaped ECD in South Africa. The first section provides a critique of the overarching historical and political context of ECD in South Africa, as determined by the apartheid government, and the second section examines the role played by the ECD NGO sector during this period.

3.1 A CRITIQUE OF THE OVERARCHING HISTORICAL AND POLITICAL CONTEXT OF ECD IN SOUTH AFRICA PRE-1994

While a number of scholars have made valuable contributions to documenting the history of ECD in South Africa, their accounts have often been uncritical. Although they have tended to focus on two parallel and inseparable issues - the apartheid

system which produced inequities in ECD and the commitment and will of the first democratic government to redress them - many of these studies have been largely descriptive. In particular there has been at best limited acknowledgement that indigenous African education and knowledge systems existed in South Africa long before the intrusion of Islamic-Arabic¹⁸ and Euro-Western¹⁹ models of education, and that they were, and remain, capable of producing healthy, intelligent and productive adults (Callaghan 1998, Nsamenang 2004 and 2008, Pence and Nsamenang 2008, Prochner and Kabiru 2008, Serpell 1993, Sharp 1970, Zulu 2006). Furthermore, while descriptions of the historical context of ECD in South Africa provide an understanding of the key drivers shaping ECD pre-1994, they tend to focus on the inequalities created by the apartheid system but to overlook the values and beliefs that underpinned this system. Studies of the ECD NGO sector have also often paid limited attention to the value systems that dominated in that sector.

3.1.1 INDIGENOUS AFRICAN PEDAGOGY – DESTINED FOR SYSTEMATIC REPLACEMENT

Indigenous African pedagogy is referred to here as the initial structure, since it existed prior to the intrusion of Islamic-Arabic and Euro-Western pedagogies. Indigenous African education and knowledge systems²⁰ in South Africa have all too often been considered primitive and deficient by comparison to other Minority Euro-Western systems of education. As a result they have been largely devalued and dismissed within ECD scholarship, policy formation and practice (Nsamenang, 2008). As Callaghan (1998:31) suggests there exists 'a blindness and inability to see and value Africans in the [South] African context'. This unwillingness to acknowledge that children are highly valued in African communities and that young children are capable of taking on responsible roles, even in their own development

¹⁸ Islamic-Arabic pedagogy dates as far back as AD 647 when the Islamic faith was recorded to have arrived in West Africa. In the sixteenth century Islam spread to North Africa and shortly after Sub-Saharan Africa, including South Africa. Islamic pedagogy was used to promote literacy amongst indigenous black Africans and was used as a vehicle to spread the Islamic faith throughout South Africa (Pence and Nsamenang 2008).

¹⁹ Europeans arrived in South Africa in the sixteenth century. According to Abdi (2003) the British set up a system of government in South Africa in the nineteenth century that was similar to that of British colonies in other parts of Africa. The British education system was used to promote literacy in the English language and was used as a vehicle to socialise black South African children into the Anglican faith and British way of life (culture and traditions).

²⁰ Zulu (2006:34) states that 'education in a definitional context can generally be thought of as the transmission of values and the accumulated knowledge of a society. Thus, it is essentially a societal instrument for the expansion of human culture. In contrast, knowledge is a state of knowing or understanding gained or retained through experience or study'. These short definitions suggest that education is underpinned by the value systems of a particular culture and that knowledge is intrinsically linked to the process of socialisation in which knowing or understanding is gained through everyday experiences and/or learning (structured or unstructured).

and learning is evident in contemporary South African society (Nsamenang 2004 and 2008, Prochner and Kabiru 2008).

According to Keto (1990:20) indigenous African societies in South Africa, such as the San and the Khoikhoi, created their own institutions and processes of socialisation and education. The process of education began by the young learning from family members. These informal programmes of learning were embedded in family traditions, daily routines, and social and community life. Responsibility for the socialisation and education of children was therefore shared amongst parents, siblings, peers, the extended family and community members. Socialisation and education are intrinsically linked in this system and children's development occurs through the acquisition of their own culture's knowledge and skills. As Pence and Nsamenang (2008:23) note:

[indigenous black African children] play a critical role in their own development, and have a responsibility for their own 'self-education'. Indigenous pedagogy permits toddlers and youngsters to learn in participatory processes in the home, community, religious service, peer culture, and other activity settings through 'work-play' activities, with little or no explicit didactic support.

Indigenous African pedagogy therefore supports children's innate capacity to be agents of their own development. Children learn in multi-age peer groups in which parental values and practices prepare older children to serve as peer mentors. While children are expected to demonstrate competence and learning at key stages in life, it is important to note that this occurs with little or no instructional support and therefore children have responsibility for their own 'self-education'. African pedagogy consequently enables children to develop at their own pace in their own environment. Through supportive social structures young children are encouraged to partake in social activities and learn cultural norms and values from observing peers and adults. As Serpell (1993) notes, the purpose of African pedagogy is to 'socialise responsible intelligence through learner's active participation in acceptable and valued social and economic activities' (in Pence and Nsamenang, 2008:23).

3.1.2 EURO WESTERN PEDAGOGY - THE INFLUENCE EXERTED BY THE WHITE MINORITY IN SOUTH AFRICA

Instead of drawing on Africa's rich culture, traditions and knowledge systems, developments in ECD practice have largely been influenced and shaped by the values and beliefs held by the white minority (European origins) in South Africa. In exploring how indigenous African forms of education were replaced with Euro-Western systems in South Africa, it is necessary to ask fundamental questions such as (i) why educational goals change? and who makes the changes?; (ii) how are they imposed; and (iii) what are the intended outcomes?

In answering the first question "Why educational goals change? and who makes the changes?", it is important to acknowledge that indigenous African education and knowledge systems began to be systematically replaced when Euro-Western systems of education arrived in South Africa with the advent of colonisation. The colonisation of South Africa by the Dutch, then the British, and thereafter the apartheid government resulted in a set of unequal relationships between the European colonists and the indigenous African populations, which were prevented from exercising freely their rights to uphold and preserve their own distinct cultural, religious and political traditions. While colonialism was practiced differently by the Dutch, British and the apartheid government there were similarities in the ways in which educational goals changed for black Africans.

First, education was used to promote literacy (English and Afrikaans) as a vehicle for religious penetration, with black African children being educated in Christianity (Anglicanism and Calvinism), rather than their own distinct religious traditions (Pence and Nsamenang, 2008). Second, formal education systems which necessitate instructional learning were seen as an effective tool to develop the black African child from his/her 'primitive' existence to a state of 'civilisation' by socialising him/her into the Western way of life (British and Afrikaner cultures and traditions). This process devalued and dismissed informal programmes of learning through which African families and societies transferred values, beliefs and knowledge from one generation to another. Third, education systems were imposed to prepare black African children for formal education and for subservient roles within the workforce (labourers and

servants) in order to generate wealth for the colonisers. Overall then, education was historically used as a tool of domination in South Africa, in which, the black African child was treated as a subject for religious penetration, instructional learning and technical practice (albeit at a rudimentary level).

In answering the second question posed “How these changes (educational goals) are imposed?”, we must begin by determining the way in which the socio-political landscape changed in South Africa, and how the enforcement of various laws and policies resulted in Euro-Western systems of education being imposed on the black African majority. At the beginning of the twentieth century, political control in South Africa was disputed by ‘two feuding European groups [who] amicably solved their differences with the signing of the [1910] Accord between the British Labour Party and the Afrikaner National Party’ (Abdi, 2003:93). The 1910 Accord effectively excluded the black South African population²¹ from the political process which, as Schutte (1995:3) reminds us, resulted in ‘a constitution that would entrench white power’.

In 1948 the Afrikaner National Party won the South African general election and institutionalised a system of racial segregation known as apartheid. This election was not ‘general’ in the true sense of the word since ‘non-whites’²² were excluded from the political process. Apartheid ideology was committed to the preservation and perpetuation of white Afrikaners as a nation and was founded on the idea that Afrikaners were God’s chosen people (Stokes, 1975). Apartheid ideology was premised upon a nationalist belief in racial and cultural segregation and the primacy of the material interests of Afrikaners (Adam and Giliomee, 1979). As Chagunda (2006:11) explains, ‘apartheid was a policy of separate development that legitimised racial discrimination and enacted race laws that were to touch every aspect of [black people’s] life’.

The apartheid government introduced a serious of discriminatory laws which effectively separated racial groups in both the public and private spheres and

²¹ The term ‘Black’ was used to refer to all other racial groups other than White, this included black African, Coloured (people of mixed-race) and Indian inhabitants of South Africa.

²² The two main groups were white and non-white. White people comprised English and Afrikaans language groups. The non-white group was divided into black African, Coloured and Indian.

systematically violated the fundamental human rights (e.g. access to food, water, shelter, sanitation) of the majority (Wilson, 2002). Writing at the time, albeit about Africa in general, Franz Fanon (1963:4) aptly described the colonist's sector and the colonized sector as two worlds apart:

The colonist's sector is a sector built to last, all stone and steel. It's a sector of lights and paved roads, where the trash cans constantly overflow with strange and wonderful garbage, undreamed-of leftovers. The colonist's feet are protected by solid shoes in a sector where the streets are clean and smooth, without a pothole, without a stone ... The colonized sector, or at least the "native" quarters, the shanty town, the Medina, the reservation, is a disreputable place inhabited by disrespected people ... It's a world with no space, people are piled one on top of the other, the shacks squeezed tightly together. The colonized's sector is a famished sector, hungry for bread, meat, shoes, coal, and light.

As Fanon affirms, colonialism resulted in distorted development, economic impoverishment and mass poverty among black Africans.

Apartheid ideology was integrated into capitalist ideology and a specific form of capitalist development evolved - apartheid-capitalism. Economic development was profoundly structured by racial labour policies in which cheap labour created profits that were used to enrich the white minority. The ruling minority owned the means of production and had control over the profits, while the black majority were forced to sell their labour for below subsistence wages. Consequently black South Africans had little control over the structures of a society that was intentionally divided into a privileged white sector and an impoverished black sector.

The apartheid government also believed that the education system played a vital role in maintaining apartheid capitalism by helping to ensure black South Africans were reduced to a state of political and economic subordination (Misila, 2007). Article 15 of the Christian National Education (CNE) Policy of 1948 explains the basis of apartheid education:

We believe that the calling and task of White South Africa with regard to the native is to Christianize him and help him on culturally, and that this

calling and task has already found its nearer focusing in the principles of trusteeship, no equality and segregation. We believe besides that any system of teaching and education of natives must be based on the same principle. In accordance with these principles we believe that the teaching and education of the native must be grounded in the life and worldview of the Whites most especially those of the Boer nation as senior White trustee of the native ... (in Misila, 2007:149).

The value premises underlying CNE policy objectives reflected apartheid ideology which combined religious beliefs (Calvinism), political beliefs (racial segregation and unequal 'educational' opportunities), and deep-seated individualistic values. The CNE policy called for the 'teaching' of the values outlined in this document, with the aim of indoctrinating both white and black students. On the one hand, white power and privilege was protected by teaching white children about the importance of protecting their land from blacks and by enhancing their belief in racial superiority. On the other hand, CNE principles were used as a basis for religious and cultural penetration and unequal educational opportunities. As Misila (2007:149) states this was designed as 'a way of maintaining black South Africans in a permanent state of political and economic subordination'.

The passing of the National Education Policy (NEP) Act in 1967 also reflected the apartheid government's belief that pre-school education be founded upon Western traditions and values. The government of the day adopted and replicated the European pre-school model for pre-school children. This model is rooted in Western cultural traditions, values and practices and is underpinned by developmental principles that necessitate instructional learning. Children are expected to demonstrate competence and learning outcomes at distinct ages and stages. This model was gradually extended and institutionalised in South Africa, regardless of cultural differences and indigenous African systems of education. Government believed that Euro-Western pedagogy was the most advanced system to prepare children for formal education and the labour force. By contrast, indigenous African pedagogies were deemed incapable of producing healthy, intelligent and productive adults.

With regards to the third question “What are the intended outcomes?” It is evident that the institutionalisation of the European pre-school model laid the foundation for capitalist development in South Africa. This model was used to build early human capital by enabling young white children to enter formal education in a state of better preparedness. This emphasis on pre-school education was also strongly influenced by new evidence emerging from North America about the long-term benefits of pre-school ECD programmes. In particular, the Perry Preschool Programme²³ (which began in 1962) produced evidence that ECD was an effective vehicle for building human capital. The passing of the National Education Policy (NEP) Act of 1967 expanded ECD provision for white children. Provincial Education Departments took overall responsibility for white nursery-school education with the establishment of pre-primary classes and paid the salaries of white teachers. Nursery schools which remained private received a subsidy (Padayachee, Atmore, Biersteker, King, Matube, Muthayan, Naidoo, Plaatjies and Evans, 1994).

At the same time, racial inequalities intensified because the NEP resulted in black African nursery schools being disqualified from accessing government subsidies, thereby relegating the responsibility of provision to parents, communities and non-government organisations (NGOs) (Hornby 2008, Padayachee et al 1994). In addition ‘most training courses for African teachers were restricted, while those for whites were allowed to continue’ (Department of Education, 2001a:8). The phasing out of teacher training for black African ECD practitioners was a clear indication of the state’s unwillingness to invest in black African children’s development. So too was the state’s unwillingness to pay the salaries of these teachers.

ECD under apartheid was also characterised by a racially-defined division between ‘welfare’ and ‘education’. The apartheid government believed it was unnecessary to educate black African pre-school children. However, they were prepared to take minimal responsibility for their welfare whilst their parents worked long arduous hours because they were needed as a labour force. However, the resulting day-care centres provided little more than custodial care for young children and were primarily concerned with the welfare of the child, while nursery schools (catering for white

²³ The High Scope Perry Preschool study examined the lives of 123 African American children living in poverty and at high risk of failing school. The study began in 1962 and tracked participants in the study to the age of forty (Schweinhart, Montie, Xiang, Barnett, Belfield and Nores, 2005).

children) primarily focused on the cognitive development of young children and were seen to serve an educational function.

During the early years of apartheid the majority of funds for ECD provision were borne by families and communities with additional funding from government. The United Department of Social Welfare provided financial assistance for day-care centres in the form of a per capita subsidy and Provincial Education Departments provided financial assistance to nursery schools (Padayachee et al, 1994). Although all races could access government-aided funding from the Department Welfare, per capita government spending differed according to racial groups, with black African children receiving the least.

This was the system that prevailed until the economic crises of the 1980s which led to the apartheid government passing the 1987 South African National Education Policy (SANEP) formula. This removed provision of government funding to white nursery schools and state provision for 'educational' purposes therefore ceased to exist. This marked the point at which marketisation became a key driver in ECD in South Africa. Marketisation was on the rise more generally and across the globe during this period. The appeal of neo-liberal market economics²⁴ did not evade the apartheid government which increasingly encouraged the marketisation of ECD. This was seen as a cost-effective means to build human capital and also increase economic growth within the emerging formal ECD sector. This marketisation of ECD under apartheid was a primary driver in further deepening the racial inequalities that undermined access to quality ECD provision for the majority of black South African children, and in particular black African children (Biersteker and Short 1994, Ebrahim 2010, Hornby 2008, Padayachee et al 1994, Porteus 2004, Short and Biersteker 1979, Short 1984).

As a result of marketisation inequalities in ECD welfare provision also became more marked. While the United Department of Social Welfare continued to subsidise day-care centres on a limited basis, the revised subsidisation model primarily targeted

²⁴ Liberal welfare economies have been identified with what Esping-Anderson (in Moss, 2009:5) has termed a 'liberal welfare state, characterised by a narrowly defined role of the state and the encouragement of the market in the provision of welfare services'.

poor white children and thus further reduced welfare subsidies for black African children (Department of Education 2001a, Porteus 2004). By the early 1990s per capita government spending by the United Department of Social Welfare varied considerably by racial group. Table Four provides a breakdown of: the total population of children between birth and six years by racial group in 1992; the number and percentage of children who had access to ECD provision by racial group; the number and percentage of children receiving per capita government funding by racial group, as well as; the levels of per capita expenditure (per child per year) according to defined racial groups.

TABLE FOUR: PER CAPITA GOVERNMENT SPENDING FOR ECD IN 1992

	Total 0-6 Population (1992)	Subsidised by state	Non- subsidised	Total	Percentage subsidised	Percentage of total	Expenditure by race
Black	4 838 200	108 062	226 688	334 750	2	7	R38
Coloured	448 600	25 519	28 481	54 000	6	12	R752
Indian	119 800	15 239	1 761	17 000	13	14	R118
White	430 100	49 409	110 519	159 928	11	37	R1 684
Total	5 836 700	198 229	367 449	565 678	3	10	

Source: Porteus, 2004.

Note: Extrapolated from Biersteker and Short 1994

As these figures illustrate, ten percent of the overall population of children between birth and six years had access to ECD provision in 1992, and three percent had access to subsidised provision. Over one third (37%) of white children had access to ECD provision, in comparison to twelve percent of coloured children, fourteen percent of Indian children and a mere seven percent of black African children (Padayachee et al, 1994). Thus, not only did white children have greater access to ECD provision, but the quality of provision was based on much higher levels of expenditure compared to that of children from different racial groups.

3.1.3 A CRITIQUE OF THE ROLE PLAYED BY THE ECD NGO SECTOR IN SHAPING DEVELOPMENTS IN ECD PRACTICE DURING APARTHEID

The apartheid government clearly played the key role in shaping education policy and practice impacting on ECD service provision pre-1994, particularly for white children. However, in the context of the state neglect of ECD provisioning the ECD NGO sector²⁵ emerged as an important driver shaping developments in ECD practice for black South African children (Hornby 2008, Padayachee et al 1994, Porteus 2004). The struggle against apartheid was taken up by a wide range of progressive non-government organisations who engaged in different core activities (Taylor, 1998). For those involved in the ECD NGO sector, the key political struggle was for improved resources and services for black South African children. According to Hornby (2008:8), organisations within this sector 'adopted and replicated the European pre-school model that was serving middle and upper-class white children'. As we have determined this model is rooted in Western cultural traditions, values and practices and was imposed by the apartheid government to further their own vested interests and oppress the black majority. While the apartheid government justified the adoption of the European pre-school model on the grounds that it laid the foundation for capitalist development in South Africa, the rationale behind the adoption of this model by the ECD NGO sector during the apartheid era is less readily apparent.

Hornby (2008) suggests that the resulting structure - apartheid policies and practices - provided a similar context of action for agents within the ECD NGO sector. This claim needs to be interrogated as several questions surrounding developments in ECD practice for black South African children during the apartheid era remain largely unanswered, among them:

1. Whether the ECD NGO sector had the potential, capacity, or ability to facilitate developments in ECD practice that could draw on diverse cultural traditions, values and practices?

²⁵ The term Early Childhood Development (ECD) Non-government Organisation (NGO) was primarily used during the apartheid era. Since 1994 this term has largely been replaced with Early Childhood Development (ECD) Non-profit Organisation (NPO).

2. Whether, and in what ways, the socio-economic shifts and political realities shaping young black children's lives influenced the ECD NGO sectors response to ECD practice?
3. Whether, and in what ways, the values and beliefs of those in leadership roles within the ECD NGO sector influenced and shaped developments in ECD practice?

While there have been some studies and overviews of the role played by the ECD NGO sector during the apartheid era (Padayachee et al, 1994; Department of Education, 2001a; Porteus, 2004, Hornby 2008, Short and Biersteker 1979 and 1984, Short 1984) there has been a lack of critical engagement with the underlying values, beliefs and assumptions held by those in leadership positions within this sector. A 2010 article by Hasina Ebrahim entitled *Tracing historical shifts in early care and education in South Africa* does however draw attention to the historical and contextual particularities that influenced the ECD NGO leadership during apartheid.

By drawing on the limited literature available from pioneering ECD NGOs such as Grassroots Educare Trust and the Early Learning Resource Unit (ELRU) it is possible to address the first question "Whether the ECD NGO sector had the potential, capacity or ability to facilitate developments in ECD practice that could draw on diverse cultural traditions, values and practices?" These organisations emerged during the struggle against apartheid to develop alternative forms of ECD provision in which respect for cultural diversity played a role. Grassroots was established in Cape Town in 1972. It had evolved out of the Preschool Child Development Committee which had been formed in 1968. In 1973, Grassroots set in motion the first home-based ECD programme in marginalised black communities to engage with mothers and their children in the home-setting. This initiative facilitated participatory practices that recognised the important roles played by elder siblings and parents in indigenous child-rearing practices.

The importance of preserving and respecting cultural diversity was also demonstrated through the development of culturally appropriate resources (traditional songs and games in Afrikaans, English, Xhosa and Zulu) and the training

of ECD practitioners from diverse cultural backgrounds (Rickards, 1992). In accordance with Lanyasunya and Lesolayia's (2008) proposal for a culturally appropriate response to ECD, home-based ECD programmes reached marginalised black children in their cultural context and allowed elder siblings and parents to participate in their development. Organisations within the ECD NGO sector did therefore have the potential, capacity and ability to facilitate developments in ECD practice that could draw on diverse cultural traditions, values and practices.

However, in most cases this early commitment to cultural diversity did not last. By the early 1970s a new concept known as educare was beginning to replace the emphasis on home-based ECD programmes. Educare was conceptualised by Grassroots in 1973 and laid the foundation for centre-based ECD programmes which were much more educational in focus. Ebrahim (2010:125) maintains that 'in their activist stance the [ECD] NGOs were able to draw attention to the need for a new concept [educare] to guide the field of early care and education'. The second question raised was "Whether, and in what ways, the socio-economic realities and political shifts shaping young black children's lives influenced the ECD NGO sector's response to ECD practice?", the then-Director of Grassroots (in Ebrahim, 2010:125) offers the following motivation for educare:

It is to overcome this absurd traditional pattern (care and education) that Grassroots introduced to Southern Africa the term 'educare'. All young children need education. With increasing urbanisation and more women in the workforce, an increasing number of young children needing care in addition to education. We believe that educare is proving to be a widely acceptable umbrella term for what all young children should enjoy ... an appropriate education, health, nutrition and protection.

It is apparent that educare was perceived as an appropriate response to the socio-economic changes taking place during apartheid, changes which created the need for centre-based care and education for black South African children. Similar, socio-economic patterns were emerging throughout America, Europe and South Africa during the 1970s. Shifts in market capitalism and the nature of the workforce (particularly the growing numbers of married women entering the labour market) created a growing need for childcare as well as early education. Liberal welfare

states such as Great Britain adopted an increasingly marketised approach to the provision of childcare and early education. The British government gradually introduced subsidies for lower-income families for the provision of childcare and early education (Moss, 2009).

The concept of educare drew on these dominant discourses from the Minority Western world, and aimed to bridge the divide between 'childcare' and 'early education'. Advocates for educare argued that 'all children have a basic right to appropriate educare to enable them to develop to their full social, emotional, physical and intellectual potential' (Rickards 1992:3). There are two important points here. First, a human-rights based approach was used to draw attention to the injustices in early childhood that emerged during the apartheid era, in which millions of black South African children were denied their fundamental right to basic resources (food and water, sanitation, shelter and access to basic health, social and education services) crucial for human development. Proponents of educare sought to achieve equal rights by delivering a system of care and education for black children similar to that provided by the apartheid government for white children. Although their intentions were good, this ironically led to the devaluing of systems of education that drew on African culture. Indeed, as the use of the word 'appropriate' suggests advocates for educare held the belief that Euro-Western models of ECD were superior to any other models of education.

However, while 'educare' gained prominence throughout the ECD NGO sector, it was nevertheless criticised for adopting and replicating the European pre-school model serving white middle and upper-class children in South Africa. Writing at the time, Biersteker (in Berg, 2008:19) argued, 'there is a perception that the middle-class, colonial model of a professionally run centre-based preschool is superior to any alternative models'. As this suggests, critics argued that educare engendered Euro-Western cultural traditions, values and practices in ways that undermined and devalued indigenous black African cultural traditions and practices (Biersteker in Berg 2008, Nsamenang 2004). However, while those opposed to educare sought to develop cultural and contextually appropriate approaches to ECD for black South African children, it is evident that their voices and aspirations tended to be dismissed by those in the academic, professional and political arenas. Undeniably, those in the

political arena (apartheid government) held the belief that indigenous African pedagogy was inferior to that of Euro-Western pedagogy.

The third question addresses the issue of “Whether, and in what ways, the values and beliefs of those in leadership roles within the ECD NGO sector influenced and shaped developments in ECD practice?”. An interesting point made by Herbert (in Education Development Centre, 1994) is that ‘for a long time the leadership was white people’. Pioneering organisations such as Grassroots and ELRU were founded and directed by white, middle-class anti-apartheid activists who were driven by the desire to end social injustice (Julie, 2009). Ironically however, while these ECD NGO leaders challenged the oppressive policies of apartheid on the one hand, they adopted some of its practices on the other. For instance, the then-Director of Grassroots was instrumental in conceptualising ‘educare’ which draws on dominant discourses inherited from Western contexts.

PART TWO: DEVELOPMENTS IN ECD POLICY AT THE NATIONAL LEVEL SINCE 1994

In part two I outline the history of the evolving national framework governing ECD in South Africa post-1994. The section's core focus is a critical examination of the National Integrated Plan for ECD in South Africa (NIPECD). In order to better set this contemporary ECD plan in a broader comparative context it is necessary to begin by highlighting the adopted values of the first democratic party elected into parliament in South Africa in 1994 – the African National Congress (ANC) - especially as regards children. The next step is to consider the legislation, policies, plans and guidelines impacting on ECD service provision in South Africa between 1994 and the introduction of the NIPECD in 2005. It is also important to be aware of the guiding principles of international bodies like the United Nations.

3.2 ADOPTED VALUES OF THE AFRICAN NATIONAL CONGRESS

In 1994, South Africa held its first democratic election and the African National Congress (ANC) was elected into parliament by majority vote. In line with the historic mission of the ANC and the need to build a democratic and just society the Constitution of the Republic of South Africa, Act 108 of 1996 was approved by the Constitutional Court on the 4th of December 1996 and took effect on 4 February 1997. The Constitution's preamble clearly introduces the new era which began in post-apartheid South Africa:

We, the people of South Africa, recognise the injustices of our past; honour those who suffered for injustice and freedom in our land; respect those who have worked to build and develop our country; and believe that South Africa belongs to all who live in it, united in our diversity. We therefore, through our freely elected representatives, adopt this constitution as the supreme law of the Republic so as to – Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights; Lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by law; Improve the quality of life of all citizens and free the potential of each person; and Build a united and democratic South Africa able to take its rightful place as a

sovereign state in the family of nations. May God protect our people.
(Republic of South Africa, 1996)

The adopted values of the ANC are explicitly framed in the Constitution which provides the framework for the construction of a society based on democratic values of human dignity, equality and freedom, as well as social justice and respect for fundamental human rights. Given its history, the adoption of a human rights' framework which acknowledges and emphasises the interrelatedness and interdependence of social, civil and political rights was a crucial starting point for policy development in post-apartheid South Africa. The Constitution promised to effect radical changes in the sense that social, civil and political rights would be accorded to all citizens without racial or other qualification.

3.2.1 THE CONSTITUTIONAL OBLIGATIONS OF THE STATE TOWARDS THE REALISATION OF CHILDREN'S SOCIAL AND ECONOMIC RIGHTS

The Constitution is the supreme law of the land; no other law or government action can supersede the provisions of the Constitution. The Bill of Rights forms part of the Constitution and enshrines the rights of all people in South Africa. It affirms the democratic values of human dignity, equality, and freedom. The resolute inclusion of social and economic rights in the Constitution commits the state to provide a welfare system²⁶ that entitles everyone to have access to a number of broad socio-economic rights that are to be realised progressively as state resources become available. For instance, Section 29 (1) of the Bill of Rights states that 'everyone has the right to a basic education' (Republic of South Africa, 1996:24). The constitutional obligation is to provide all children with ten years of compulsory school education.

The inclusion in the Bill of Rights of a section devoted to the rights of the child was an important development for South African children, most of whom had suffered racial prejudice and injustices under apartheid. Section 28 of the Bill of Rights commits the state to provide a welfare system that entitles children to a number of broad socio-economic rights, including:

²⁶ The welfare system is the overall system put in place by the state to protect the well-being or 'welfare' of its citizens through a range of programmatic interventions such as education, health care, housing, social services and social security (Dutschke, 2007).

- Section 28 (1) (b) Every child has the right to family care or parental care, or to appropriate alternative care when removed from the family environment.
- Section 28 (1) (c) Every child has the right to basic nutrition, shelter, basic health care services and social services.
- Section 28 (1) (d) Every child has the right to be protected from maltreatment, neglect, abuse or degradation.
- Section 28 (2) A child's best interests are of paramount importance in every matter concerning the child.
- Section 28 (3) In this section 'child' means a person under the age of 18 years.

As well as reflecting its own values, the socio-economic rights listed above also reflect the South African government's commitment to international law. On June 16th 1995, a year before the Constitution was ratified, the South African government became a signatory to the United Nations Convention on the Rights of the Child (UNCRC). The drafters of Section 28 of the Bill of Rights relied heavily on this international legal instrument. Four general principles were of most significance to the framing of the Constitution: (i) Article 1 the right to non-discrimination; (ii) Article 2 the 'best interests of the child'; (iii) Article 6 the right to survival and development, and; (iv) Article 12 respect for views and feelings. As a signatory of the UNCRC the South African government (as the 'state party') are also required to make regular reports to the UN Committee on the Rights of the Child on progress in implementing these principles.

In interpreting the state's obligations towards the realization of children's rights, Dutschke (2007:7) points out that 'children's socio-economic rights in the Constitution are phrased without limitations of progressive realization and the availability of resources'. If this were the case, immediate obligations would be placed on the state to implement and deliver services aimed at realizing children's socio-economic rights. However, when read within the context of the overall legal framework established by the Constitution, it is clear that there are internal limitations on the socio-economic rights of children. Section 39 of the Constitution states that international law must be considered when any right in the Bill of Rights is

interpreted. The trend set by the United Nations Convention on the Rights of the Child (UNCRC) is for the 'progressive realization' of children's social and economic rights. The influence of this idea can be seen clearly in Section 27 (2) where it states that 'the state must take reasonable legislative and other measures, within its available resources to achieve the progressive realization of each of these rights (Republic of South Africa, 1996). Thus, while the Constitution makes an impressive series of commitments in the abstract to children's rights, it is also characterized by limitations which have the potential to prevent these rights being fully turned into concrete realities.

3.2.2 THE LEGISLATIVE AND POLICY CONTEXT GOVERNING ECD IN POST-APARTHEID SOUTH AFRICA

In outlining the history of the policy context in post-apartheid South Africa, it is necessary to begin by asking a fundamental question: "What guides policy development?" There are of course conflicting views. On the one hand, Lombard (2008:156) notes that 'the cornerstone and the premise for all policies and legislation in the South African democracy are entrenched in the Bill of Rights of the South African Constitution, Act 108 of 1996'. On the other hand, Brouckhoff (2010:36) insists that 'there is little evidence that the constitutional obligation has been driving policy development' and she argues that 'policy to date has been guided in a reactionary manner by cases lost in front of the Constitutional Court, fiscal necessities and a reaction to the Taylor Committee^[27]'. In taking these conflicting views on board with regards to ECD, it is important to ascertain the degree to which the legislative and policy framework governing ECD service provision is driven by Constitutional commitments to children's rights or by financial limitations and priorities. Just as important is to ask whether the legislative and policy framework governing ECD service provision locates ECD in a wider framework which seeks to realise children's rights to education, nutrition, shelter, basic health care services and social services/social security – rights that jointly impact on the ability of the

²⁷ In 2002 the Taylor Committee carried out a comprehensive analysis of poverty and social security in South Africa. The outcome was a report titled the 'Committee of Inquiry into a Comprehensive System of Social Security for South Africa'. Although the Taylor Committee Report 'was never formally adopted its proposal to centralise the administration of social assistance and to create the South African Social Security Agency (SASSA) was cast into law in 2004' Brouckhoff (2010:28).

child/family to enjoy their fundamental rights to life, equality and dignity - or is merely narrowly framed within a formal educational framework.

One of the earliest signs that 'fiscal necessities' were to play a key role in determining the realisation of children's rights in post-apartheid South Africa came in 2000 in the form of the Grootboom case. *The Republic of South Africa v Grootboom* is the leading constitutional case as regards the issue of socio-economic rights in South Africa. Irene Grootboom was one of 390 adults and 510 children living in appalling circumstances in the Wallacedene informal settlement near Cape Town in the Western Cape Province, who brought a case before the Constitutional Court. The Grootboom case considered whether or not citizens could force the state to act positively to meet children's social and economic rights as guaranteed in the Constitution. In this case the South African Constitutional Court ruled that a child's right to shelter (contained in Section 28 (1) (c)) is not an unqualified right since it must be read in relation to everyone's right to have access to housing (contained in Section 26 (1)) which is dependent on the availability of state resources and is therefore to be implemented progressively. On the 4th of October 2000, the Constitutional Court, in a unanimous decision written by Justice Yacoob, did not oblige the state to go beyond its available resources or to realise these rights immediately (Constitutional Court of South Africa, 2000).

The Constitutional Court's decision made it clear that the state was only obliged to realize children's right within its available resources. The key phrase is thus 'progressive realisation'. This decision drew upon Section 39 of the Constitution which states that international law must be considered when any right in the Bill of Rights is interpreted. This means that while the state might be unable to realise a right immediately due to limited resources it is nonetheless obliged to progressively improve accessibility in terms of numbers of people accessing the right. Nevertheless, the realization of this right hinges on how much of the available resources the government is prepared to prioritize on housing, compared to that on education, the economy or defense for instance.

The Grootboom case brought home the harsh reality that the adopted values explicitly framed in the Constitution and their promise of human dignity, equality and

freedom would not necessarily be translated rapidly into concrete commitments for the millions of children and their families who were living in extreme poverty. Indeed, Chagunda (2006:18) quite rightly points out that 'in practice, the government places more importance on civil and political rights as *first generation rights* (which includes the right to vote, to life and freedom of speech) as first class rights that need more attention compared to the *second generation rights* (socio-economic rights, such as rights to adequate housing, health care, food, social security and water)'. Thus, while South Africa has enjoyed seventeen years of political freedom, socio-economic freedom has not yet been attained by the majority of black South Africans, and in particular by black Africans and Coloureds.

This failure to meet people's socio-economic rights – including the rights of children – must also be understood in relation to government policies more broadly in these years, and not just individual court rulings. Despite pressure from campaign groups such as the People's Budget Campaign and the Basic Income Grant Campaign, and from organisations like the South African Communist Party and the Congress of South African Trade Unions, the ANC government has resisted demands to address poverty by implementing a more redistributive progressive income tax system. As *The Measurement of Poverty in South Africa Project* (Studies in Poverty and Inequality Institute, 2007:16) report notes the ANC's 'Growth, Employment and Redistribution policies (GEAR) [introduced from 1996 onwards] argue for redistribution through economic growth via a trickle down mechanism. In the absence of the desired levels of economic growth, very little relief reached the poor, and instead levels of unemployment and poverty increased'.²⁸ This is despite evidence that the 'trickle down' approach to poverty alleviation does not work (World Bank, 2006). As Bond (2005:74) notes the kind of 'fiscal discipline' implemented by the South African government 'is antagonistic to the interests of the majority of people', and runs counter to the pursuit of 'a radical agenda, which addresses the needs of the majority of people, and addresses growth and development as interdependent issues'.

²⁸ According to McKinley (2004) 'the social consequences of GEAR have been drastic for the popular sectors: increased unemployment, rising from 16% in 1990 to more than 40% in recent years; a fall in the average income of working class families of around 19%, in particular in those sectors linked to the informal economy, around 50% of the economically active population; a strong polarization of the distribution of wealth and income; an increase in the price of basic public services, like water or electric lighting, due to privatisation and the policies of "cost recovery", that have caused massive cuts in supply to some 10 million families for not having paid bills, and maintenance of the structure of land ownership which has undergone very few alterations with respect to the period of apartheid'.

One of the key effects of not pursuing this kind of radical agenda has been that the government has often firmly located ECD within a narrow educational framework, rather than seeking to realise the socio-economic rights of children more broadly. A detailed analysis of the evolving national framework governing ECD service provision in post-apartheid South Africa reveals this. The history of the national framework (legislation, policies and plans) governing ECD service provision is outlined in Figure Three.

**FIGURE THREE: NATIONAL FRAMEWORK GOVERNING ECD SERVICE
PROVISION IN SOUTH AFRICA POST-1994**



The White Paper for Social Welfare (1997) put forward a series of principles, guidelines and recommendations for social welfare policies. It took a notably broad view of children's rights by calling for a national ECD strategy to be devised, via the construction of an intersectoral programme in collaboration with other government departments (Department of Welfare, 1997). The White Paper identified disadvantaged children between birth and five years (and prioritised those between birth and three years) as the primary targets for ECD service provision. However, it did not spell out the ways in which the various government departments would work together in practice to realise the basic socio-economic rights of these children. In

fact, the paper contains no specific mention to realising children's Constitutional rights through ECD provisioning. Although the White Paper makes reference to ECD as a vehicle for giving children access to services such as education, health and nutrition, the language of the paper is diluted by referring to 'meeting the needs of children' rather than 'realising the constitutional rights of children'.

In recognising that no single department is able to provide services to children that cover all aspects of children's development the White Paper called for a national intersectoral ECD strategy. However, this did not materialise in practice. Instead, the national Departments of Education, Health and Social Development formulated their own sector specific policies and programmes for specific age groups. The result was an uncoordinated and fragmented policy framework for ECD service provision. As a consequence, the first ever ECD policy in South Africa – the 2001 White Paper 5 on ECD - was formulated by the Department of Education alone (Seleti, 2007:1). With regards to ECD, the Department of Education is responsible for children between birth and nine years. Although this Department acknowledges 'that the early years are critical for the development of the potential of human beings' (Department of Education, 2001b:2), White Paper 5 paid minimal attention to the provision of ECD services and programmes for infants and young children between birth and four years. Instead, it focused on the need to establish a national system of Reception Year programmes (referred to as Grade R) for five year olds.

As Valley (2001:13-14) notes 'while the White Paper provides a strong argument for these services [pre-Reception programmes], it provides no guidelines for concrete support and no significant financial support of services for children under the age of 5'. This is contrary to the White Paper for Social Welfare, which had argued in Section 46 (e) that 'no single model or programme' was appropriate to meet the varied needs of children and their families. White Paper 5 not only singled out five year olds as the focus for ECD provisioning, it also proposed a single model of provisioning – Reception Year programmes (Department of Welfare, 1997:63). This particular type of programme firmly locates ECD in a narrow fashion as a pre-school education programme.

This heavy emphasis on Reception Year programmes was influenced by international trends brought about by the World Bank which stress the case for investment in early education programmes as a means to better prepare children for formal education and the workforce. Indeed, it is notable that White Paper 5 repeatedly makes use of the language of economics, by deploying terms like 'investing' in children. This emphasis was also a product of the Euro-Western model of ECD inherited from the apartheid era. Historically, as we have seen, the apartheid government had committed its resources to pre-primary Reception Year programmes for white children: the aim of which was to build early human capital and increase economic growth. Similarly, prior to 1994 the ECD NGO sector had mainly focused its attention on educational interventions and educare was adopted as an appropriate model of ECD provision to prepare marginalised Black and Coloured children for the formal education system. White Paper 5 was thus characterized by strong continuities with the past and a continued emphasis on the instrumental view of the young child as a learner.

White Paper 5 is also dominated by an emphasis on economic development theory. Throughout the paper it is stated unequivocally that early education must be prioritised in order to break the vicious cycle of poverty. The rationale given for this is that the cycle of poverty will be broken because a strong early education can lead to 'increased productivity over a life time and a better standard of living when a child becomes an adult, later cost-savings in remedial education and health care and rehabilitation services, and higher earnings for parents, especially women, and caregivers who are freer to enter the labour market' (Department of Education, 2001b:2). It is further stated that providing a good education in the early years will lead to the reduction of social and economic disparities in South Africa. The White Paper had few proposals to make regarding children's other social and economic rights, but was instead clearly shaped by the belief that education alone had the power to tackle poverty and other forms of deprivation.

Extending on the above, White Paper 5 paid minimal attention to the provision of ECD services and programmes for infants and young children between birth and four years. Moreover the attention it did give was once again underpinned by economic development efforts. Section 6.2.3 states that 'the Department of Education shall ...

develop appropriate curricular for Pre-Reception Year programmes with a special emphasis on mathematical literacy, language and life skills'. Nutrition and other health requirements could therefore be regarded as an 'add on' rather than integral and vital components of children's development (Department of Education, 2001b:37). The White Paper failed to acknowledge the dire conditions that millions of young children find themselves in. Yet, it is difficult to imagine how one would teach a young child mathematical literacy on an 'empty stomach', which is the reality facing many young children.

The assumptions made in crafting White Paper 5 are deeply problematic. First, there is no South African evidence to substantiate the idea that early education reduces social and economic disparities, in fact rising levels of poverty and inequality in South Africa since 1994 despite the investment in Reception Year programmes suggest the opposite. Second, the idea that Reception Year programmes will better prepare children for formal education can itself be questioned. As White Paper 5 itself noted the quality of ECD programmes varies considerably. Over a decade on, the delivery of Reception Year programmes continues to be plagued by profound challenges such as the lack of funds, poor infrastructure; unqualified practitioners; and a lack of quality learning materials (Biersteker, Streak and Gwele 2008; Dawes and Biersteker 2008 and 2010; Dawes, Biersteker and Irvine 2008). These disparities may help to explain the high levels of primary school children repeating grades. Third, White Paper 5 claimed that parents will be freer to enter the labour market and achieve higher earnings, however it gave little consideration to issues like the safety of children when their parents are required to work long arduous hours, often for below subsistence level wages.

Fourth, the assumption that 'all learners that enter grade one should have participated in an accredited Reception Year programme' is directly undermined by the fact that even the poorest parents/caregivers are required to pay fees for this service. Section 1.4.3 of White Paper 5 stated that the 'policy goal is progressively to realise our constitutional obligation to provide all children with ten years of compulsory school education, including one year of early childhood development called the Reception Year (Department of Education, 2001b:4) While White Paper 5 made a formal commitment to realising the constitutional obligation to realise

children's rights to Reception Year provisioning, it failed to follow this through by committing the financial resources necessary to fund this year in its entirety.

In fact, White Paper 5 not only failed to set out an implementation plan – it included no incremental target (with annual targets per province) and no roll-out plan – there was also no budget allocation. The National Treasury does in fact make some provision for Reception Year programmes, which receive approximately 1% of the national education budget (Atmore, 2006). However, the National Early Childhood Development Alliance (2006a:3) suggests, 'there exists a strong view that government has the funds but lacks the 'political will' and thus allocates less funding to Grade R than is required'. Government's failure to meet their 'medium-term goal (2010) [which was for] all children entering Grade 1 to have participated in an accredited Reception Year Programme' is a direct result of this failure to commit sufficient financial resources. For instance, in 2009 there were 94 000 children (eligible to attend Reception Year Programmes) in the Western Cape province, of whom only 36 895 (just on 40%) had access to Reception Year Programmes (Atmore, 2009). The bottom line is that the poorest and most vulnerable children continue to be excluded from accessing this type of provision because it is not financially accessible.

While it is evident that the South African government continues to locate ECD firmly within a narrow educational framework, it is also disheartening that the first intersectoral ECD plan was seriously skewed in favour of economic development efforts, rather than social development efforts. In February 2003, the then President Thabo Mbeki formally announced in his State of the Nation Address that government had prioritised ECD, among other major poverty reduction strategies, as one of its core areas for the Expanded Public Works Programme (EPWP). The EPWP-ECD programme is one of the short-to-medium term programmes (2004/5-2008/9) adopted by government with the aim of reducing unemployment and alleviating poverty. The target beneficiaries of this programme are unemployed, under-skilled and under qualified persons, with women given special consideration. In addition, the EPWP-ECD programme aimed to increase the number of formal centre-based ECD programmes registered with, and subsidised by the Departments of Education and Social Development. The target beneficiaries of this programme are children

between birth and five years living in deprived communities. However, while these programmes aim to improve the dire situation of the poorest quintile of the population they are seriously flawed in practice.

The ECD sector has been identified as one of the key areas for job creation through the EPWP programme. However since public works programmes such as the EPWP-ECD programme are the primary means to provide assistance to the unemployed,²⁹ it is critical to ask firstly “Who is being reached?” and secondly “Whether or not they are benefiting from such programmes?” In answering the first question, Biersteker (2008:6) notes that the EPWP-ECD programme ‘is targeted to practitioners in existing employment’ within the formal ECD sector, as opposed to unemployed adults.³⁰ The primary reason for targeting practitioners in existing employment is to up-skill them through training opportunities which are accessed through learnerships. These learnerships provide for a number of training opportunities at National Qualifications Framework (NQF) Levels 1, 4 and 5 in ECD.

The sector is plagued with an under-skilled workforce and EPWP-ECD aimed to target ‘6,500 learnerships at Level 1, 8 800 at Level 4 and 4 500 at Level 5’ (Departments of Education, Health and Social Development, 2004:12). It is however important to note that priority has been given to up-skilling practitioners at Level 5. For instance, during 2009 and 2010, 1050 learners completed learnerships in the Western Cape province, of whom 357 completed Level 1, 134 Level 4 and 559 Level 5 (Western Cape Department of Social Development, 2010a:2). These figures not only indicate that there is tension between the envisaged targets and the actual targets, but more importantly that financial resources are prioritised in favour of up-skilling practitioners at Level 5 so they may teach Reception Year Programmes. These priorities are driven by the Department of Education.

With regards to the second question, it is evident that the programme is not reaching the poorest quintile of the population with fewer unemployed people actually participating in the programme, than those in existing employment. With regards to

²⁹ In most countries of the industrial north an unemployed person who is actively seeking work but has no other means to support him or herself (for example, when his or her unemployment insurance runs out) is usually able to claim a basic income benefit. No such public benefit is part of the South African national social grant system which targets living allowances only to poor people who are either orphans, under 16 years of age, elderly or incapacitated for work (Di Lollo, 2006:27).

³⁰ The term practitioner refers to those adults working directly with children in formal ECD centres.

those in existing employment Biersteker (2008:7) observes importantly that, 'in the context of the EPWP, practitioners who have received stipends while training [on learnerships] are often required to return to salaries lower than these once they have qualified'. There are two important points to be made here. First, the stipends themselves are actually below the poverty lines utilised in South Africa, with R520 per month allocated to learners on Learnerships at Levels 1 and 4 and R1 000 for learners on learnerships at Level 5. It is therefore difficult to envisage how this programme is actually addressing and alleviating poverty.³¹ Second, the ECD sector is largely private (market-driven) and the Department of Labour have not, as yet, determined a minimum wage for ECD practitioners. As a result there are large variations in salaries. It is not uncommon for qualified ECD practitioners working in deprived communities to earn between R200 and R400 per month, which is well below the ultra-poor poverty line of R800 per month. Thus, the use of the ECD sector as a route to alleviate poverty is questionable. As Di Lollo (2006:28) notes 'EPWP is based on the residual notion that any work is better than social security support, rather than the notion that the work and social security support can and should co-exist to prevent poverty'.

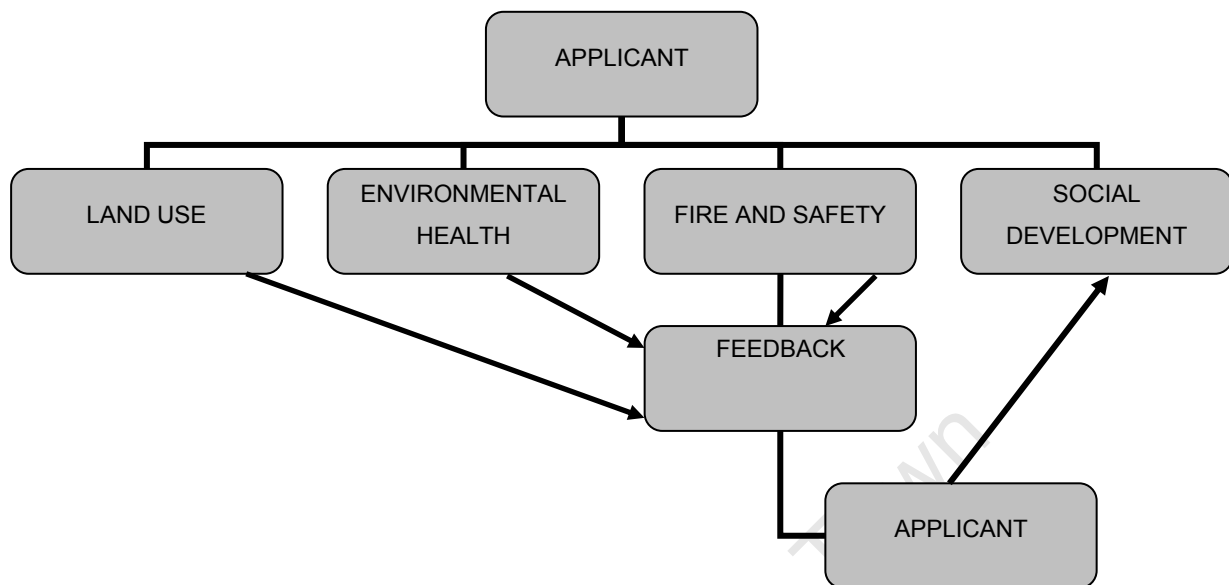
Another concern is that while the EPWP-ECD programme maps out a career path and a qualifications framework for ECD, these learnerships are not linked to sustainable jobs within the ECD sector. As September (2007:17) comments 'learnerships as currently designed and delivered do not necessarily provide long-term job security as an outcome ... [rather they] are usually attached to short-term jobs'. Within the ECD sector, many practitioners who complete a learnership do not enjoy long-term job security, particularly those in the pre-Grade R sector. As Berg (2008:88) notes, the EPWP-ECD programme 'works well for the Grade R sector as graduates can then move on to subsidised jobs. For those in the pre-Grade R sector there is nothing to move on to ... If there was government investment in the pre-Grade R sector, the EPWP would also function effectively to upgrade practitioners and improve the prospects of employment'.

³¹ The poverty line is set at R1,200 per month and the ultra-poor poverty line at R800 per month.

Moreover, for those unemployed people who do have the opportunity to participate in the EPWP-ECD work experience and skills training programmes at NQF Levels 1 and 3, few opportunities for employment exist beyond this programme. The primary reason for this is that these programmes are not in the formal ECD sector, but are rather informal and based at the home and community levels (as peer educators and playgroup facilitators for example). This area has however been neglected by government which prioritises formal market-driven centre-based ECD programmes which have a strong educational focus. Thus, while the notion that unemployed people may develop skills through this programme may be valid, once the programme comes to an end it is unlikely that there will be any jobs available for them to utilise those skills.

The EPWP-ECD programme also aims to increase the number of formal centre-based ECD programmes registered with, and subsidised by, the Departments of Education (DoE) and Social Development (DoSD). The target beneficiaries of this programme are children between birth and five years living in deprived communities. Once again the onus is on formal centre-based ECD programmes that serve an educational function, and in particular Reception Year Programmes. However, it is critical to ask “What barriers exist to registration and subsidisation? And whether or not children from the poorest and most deprived communities are benefiting from such processes?” With regards to the first question, it is important to note that the per capita ECD subsidy administered by the provincial Departments of Education and Social Development is only awarded to registered ECD centres catering for children whose caregivers meet the criteria of a means test. However, as Biersteker, Streak and Gwele (2008:38) notes, ‘severe implementation challenges have constrained expansion in the number of registered centres and the reach of the subsidy. These challenges include delays and difficulties with the registration process, as only registered sites may apply for subsidisation’. Indeed, the registration process may be described as cumbersome as it requires applicants to make contact with provincial DoSDs and various government departments at the local level, including the: Department of Land Use; Department of Environmental Health; and Department of Fire and Safety. Figure Four illustrates the process to be followed by applicants when registering their ECD facility:

FIGURE FOUR: PROCESS TO BE FOLLOWED WHEN REGISTERING
AN ECD FACILITY



The process of registration involves the applicant making contact with each of the above departments and fulfilling each department's legal requirements. The primary challenge faced by applicants is in meeting the legal requirements of the local authority Land Use section which is responsible for issuing a Land Use Clearance Certificate. However, in many cases this certificate cannot be granted prior to applicants re-zoning their property, a process which can be timely and costly for applicants. Furthermore, the local authority will not grant a Land Use Clearance Certificate to an ECD facility situated in an informal shack, in which case they are not eligible for registration and subsidisation. Many of the buildings in informal settlements and other deprived areas are in poor physical condition and also lack basic infrastructure (running water, electricity, sanitation, sewage), thus making them the least likely to meet the requirements for registration and subsidisation. For example, of the 211 ECD centres currently operating within the deprived community of Athlone (a predominantly Coloured community in the City of Cape Town in the Western Cape province) only 62 are registered with the DoSD (Western Cape Department of Social Development, 2009b:6). This means that relatively few of the ECD centres which succeed in being registered and subsidized are located in the poorest and most deprived areas, despite governments commitment to target children from such communities.

The process of registration for ECD facilities to become partial care facilities can be over lengthy, costly and uncertain; all of which increases the risk of ECD sites not meeting formal requirements. This is particularly relevant in terms of points 46 (b) and (h) of the White Paper on Social Welfare which address issues such as the establishment of an intersectoral committee as well as the need to create national standards which are flexible and apply to a wide range of circumstances. The need for intersectoral collaboration between the Department of Social Development and the local authority Land Use section at provincial level is apparent. In its absence children living in the poorest and most deprived communities will continue to be excluded from benefiting from the per capita ECD subsidy.

In addition to the difficulties of increasing the number of registered and subsidised centres, Biersteker and Streak (2008) call into question the value of the per capita ECD subsidy in relation to the basic running costs of an ECD facility. In 2008, these authors carried out an assessment of the gap between the subsidy and the basic running costs of an ECD facility. The study was carried out on the basis of the financial statements of forty-nine subsidised ECD facilities from various districts within the Western Cape Province in which estimates were arrived at for administrative and operating costs, including consumables. Table Five provides a breakdown of these estimates for children aged between birth and three years, as well as children between four and six years.

TABLE FIVE: GAP BETWEEN THE PER CAPITA ECD SUBSIDY
AND BASIC RUNNING COSTS

	Costs for under 3 yrs Group of 24 (two caregivers)	Costs for 4-6 yrs Group of 20 (one caregiver)
Salary for 1 caregiver @ R3000 per month	36000	36000
Salary for 2 nd caregiver for under – 3s	36000	
Salary for a cook/general assistance @ R1166 per month	13990	13990
Nutrition	34848	34848
Administration	17610	17610
Total	138448	99280
Per day	524.42	376.06
Per child per day	R21.85	R18.80
Subsidy	R9	R9
Portion of costs covered by subsidy	41%	48%
Balance made up from fees and other sources	R12.85 per child per day	R9.90 per day per child
(per child per week)	R64.25	R49.50

Source: Biersteker and Streak, 2008, pp39

The study revealed that the subsidy only covers 41% of the costs involved in providing ECD facilities for children in the birth to three cohort and 48% of the costs for those in the older age cohort. Although the per capita ECD subsidy has seen an increase from an average of R6.07 in 2005-6 to R9.00 in 2008-9 Biersteker and Streak (2008:39) insists there is 'a clear need to raise the value of the subsidy to meet the real costs of providing services of minimum quality at centre level so that the programme is sustainable'. Moreover, this step needs to occur in conjunction with the expansion of the subsidy's reach'. The onus is clearly on provincial governments to raise the value of the per capita ECD subsidy as well as expanding the number of children and centres receiving the subsidy.

One can draw a distinction between the Department of Education's subsidy for Grade R children between the age of five and six years and the subsidy provided by the Department of Social Development for children between birth and four years. On the one hand, the Department of Education pay 70% of the salaries of Grade R practitioners in community-based ECD facilities, public and independent schools, as

determined by the quintile system.³² On the other hand, the Department of Social Development proposed the subsidy be provided to ECD facilities and that it be broken down as follows:

- 50% towards the nutritional needs of children;
 - 30% contribution towards salaries; and
 - 20% towards administration costs (equipment, office furniture and maintenance).
- (Erasmus, 2008)

The disparity between the two subsidies relates to the lack of government funding of salaries for ECD practitioners serving children between birth and four years. As Biersteker comments 'ECD practitioner salaries are not yet included in budget formulae' (Biersteker, 2008:9), and therefore 'the possibility of establishment posts for ECD facilities similar to the option for Grade R classes provided for in the DoE's Grade R funding norms should be investigated' (Biersteker, 2008:7). It is evident that government's commitment is again skewed towards improving the sustainability of Reception Year Programmes for five year olds.

Currently, practitioners' salaries have to be drawn from caregivers' fees, even in those cases where the child qualifies for the per capita ECD subsidy from the Department of Social Development. Parents/caregivers of children receiving the subsidy are therefore expected to continue paying fees for their children since the subsidy is used for running costs to sustain ECD facilities. Thus, while the subsidy provides a stable (but inadequate) income for ECD facilities operating within poor communities, it does not increase access for poor and vulnerable children whose parents/caregivers are unable to pay fees. The matter of the subsidy not exempting parents/caregivers from paying fees at ECD facilities is of most relevance and has long been debated by the South African Human Rights Commission (2006) and by Biersteker and Streak (2008).

All the above makes clear that the EPWP-ECD programme is heavily skewed towards improving the 'quality' and 'sustainability' of Reception Year Programmes

³² The aim of the quintile system introduced by the Department of Education is to ensure public funding is skewed in favour of the poorest school children.

through the training of practitioners and established posts, it is also clear that priority is given to formal centre-based ECD programmes serving children from birth to four years, rather than informal programmes at the household and community levels. Ironically, however centre-based ECD programmes serving the poorest quintile of the population are the least likely to achieve registration and thus to benefit from the per capita ECD subsidy.

The EPWP-ECD plan also identified the need for the national DoSD to develop 'draft guidelines to benchmark the norms for the sector' (Departments of Education, Health and Social Development, 2004:13). These Guidelines for ECD Services were developed in 2006 and provide ECD centres with information regarding the registration and subsidisation process as well as setting out national minimum norms and standards for formal centre-based ECD programmes and after-school care programmes. The aim was to reduce the huge variations in standards across the sector. However, the Guidelines are not formal requirements and therefore lack real power. Huge disparities continue to exist across the sector as a result. Particular attention was nevertheless paid to centre-based ECD programmes and in particular to the 'quality of the learning environment' by setting out recommendations for 'active learning' and the desired 'qualifications of ECD practitioners'. By contrast, limited attention was given to issues pertaining to improving the health and nutritional status of young children attending these centres.

There were also significant disparities between the attention which the Guidelines paid to formal centre-based ECD programmes and to informal home- and community-based ECD programmes. While the former are fee based and therefore tend to exclude children and families from the poorest and most deprived communities, the latter are for the most part fully funded and are therefore much more accessible because they are free. The EPWP-ECD plan supported the expansion of 'childcare activities outside of formal outside provision' such as peer educators and playgroup facilitators (Departments of Education, Health and Social Development, 2004:18), and Section 46 (e) of the White Paper for Social Welfare had also encouraged the development of 'a range of options ... such as home and centre-based services; after-care for school-going children; stimulation programmes including part-day programmes; and family, education, health and nutrition

programmes' (Department of Welfare, 1997:63). Despite these earlier commitments and the importance of these services to children and families from the poorest and most deprived communities, the Guidelines notably fail to set out norms and standards for these kinds of home- and community-based ECD programmes and services.

Although the Guidelines do make reference to 'interventions and programmes aimed at parents and/or primary caregivers and community based services', they merely set out a section on family care to provide information for parents/caregivers on aspects such as safety, health, nutrition, protection and early learning. Indeed, only four out of the Guidelines seventy pages relate to this area, and no minimum norms and standards are provided to guide ECD practitioners implementing these types of interventions and programmes. The fact that home- and community-based services are not treated as ECD programmes in their own right suggests a lack of commitment by the Department to locate ECD within a wider framework with the potential to fully realise children's constitutional rights. This is despite the fact that the Department's legislative obligation is 'to ensure that the constitutional rights of children with regard to care, protection, survival and development are guaranteed' (Department of Social Development, 2008:42).

The delivery of a range of home- and community-based ECD programmes would not only promote opportunities to support and strengthen families so that they can provide a suitable environment for children's physical, emotional, social and cognitive development but would also facilitate access to a broader range of services (including nutrition, basic health services, social services/security grants, water and sanitation) that are essential for the care, protection, survival and development of young children, and particularly those from the poorest and most deprived communities. In addition, as things stand the programmes that these poorest and most deprived children currently have most access to – those which are home- and community-based - are the least regulated.

Furthermore, Section 46 (d) of the White Paper on Social Welfare, states that 'the needs of children in the age group birth to three years old and of disabled children will also be addressed urgently' (Department of Welfare, 1997:63). There are two

important points to be made here. First, children between birth and three years clearly have a wide range of developmental needs and these cannot be addressed through formal centre-based ECD programmes alone. Yet, the Guidelines fail to set out norms and standards for home- and community-based ECD programmes which tend to respond more appropriately to the needs of children in this age group, and their families. Second, the Guidelines make no mention of the type of provision to be made available for disabled children.

The Department of Social Development, one would presume, would locate ECD in a wider framework than the Department of Education, particularly because it is responsible for children between birth and four years who clearly have a wide range of developmental needs. However, this Department also has a narrow view of ECD, one which is firmly located within an educational framework and underpinned by economic development theory. As the Guidelines state 'money invested in ensuring children the best start in life yields a meaningful return for children, their families and taxpayers. It is critical to develop human capital as it catalyses economic growth and saves public funds in education, health, education and welfare/social security' (Department of Social Development, 2006:1). This statement reflects the influence of neo-liberalism in the provision of ECD services for young children, with budget and workforce considerations coming before the needs and rights of children.

Finally, although it was in fact introduced after the NIPECD, a detailed analysis of the Plan nevertheless requires an examination of the Children's Act as amended in 2007. The Act obliges government to take progressive steps towards achieving the realisation of children's right to ECD service provision. In making use of the word 'progressive', government once again does not commit itself to ensure the instant realisation of the rights contained within the Act, but merely obliges the state to take progressive steps towards achieving the realisation of children's right to ECD. In accordance with Chapters 5 and 6 of the Children's Act as amended, provincial Departments of Social Development are responsible for developing a database of formal ECD centres and for the registration and subsidisation of ECD centres, as well as the monitoring of the quality of ECD programmes at these centres. In addition, Chapter 8 of the Act states that provincial Departments of Social Development are responsible for early intervention and prevention services which

involve and promote the participation of families, parents, caregivers and children with the fewest resources.

Chapter 5, Section 80 of the Act states 'any person or organisation may establish or operate an ECD facility provided that the facility is registered as a partial care facility with the provincial government' (Republic of South Africa, 2008:14). However, as we have determined, one of the major difficulties in enforcing this regulation is that the local authority will not grant a Land Use Clearance Certificate to an ECD facility situated in an informal shack, in which case they are not eligible for registration. Given that many of the buildings in informal settlements, as well as in other deprived areas, are in poor physical condition and also lack basic infrastructure ECD centres in these communities are the least likely to meet the requirements for registration. The consequences of this in the case of the Western Cape are highlighted in the *Audit of Early Childhood Development Facilities in the Western Cape* report of 2010. This report identified 2,928 ECD centres within the province, of which approximately 1,518 or 51.84% were registered with the PGWC DoSD (Western Cape Department of Social Development, 2010b). From these statistics it is evident that just under half of all ECD centres in the Western Cape province are not registered and do not comply with legal requirements. It is important to note that these unregistered ECD centres are, for the most part, allowed to continue to provide a service to young children between birth and four years despite non-compliance.

The majority of unregistered centres are situated in poor and deprived communities which do not have access to the financial resources required to upgrade to meet the minimum norms and standards for registration. In consequence these unregistered centres do not qualify for the per capita ECD subsidy awarded by provincial Departments of Social Development. There are two important points here. First, the Children's Act as amended contains no regulations that would, in practice, assist these unregistered facilities to comply with minimum norms and standards. For instance, the inclusion of a clause after Section 80 that stated that ECD facilities that did not comply with the minimum norms and standards could qualify for conditional registration and conditional funding in order to assist them to comply with the national norms and standards, would have been most beneficial. The inclusion of such a clause would have made it mandatory for government to make financial

resources available to assist ECD centres in the poorest and deprived communities meet the minimum norms and standards for registration and subsidisation.

Second, the Children's Act as amended does not oblige the state to formally commit to subsidise ECD facilities. Section 78 of Chapter 5 merely states that 'the MEC for social development may, from money appropriated by the relevant legislature, provide and fund partial care facilities and services for the Province'. The use of the word 'may' means that there is no clear obligation on the part of MECs to subsidise registered ECD facilities. If this regulation had been amended to replace the word 'may' with the word 'must' it would have become mandatory for provincial MECs to subsidise registered ECD facilities, especially those in the poorest and most deprived communities. This would also have been much more in line with the sentiments expressed in Section 78 (4) (a), which states that 'funding of partial care facilities must be prioritised in communities where families lack the means of providing proper shelter, food and other basic necessities of life for their children'. In reality, and despite the Act's impressive commitment in the abstract to realising children's rights to ECD service provision, the regulations contained in the Act make it very difficult for ECD centres in the poorest and most deprived communities to achieve registration and thus to qualify for the subsidy.

Chapter 6 of the Children's Act as amended is concerned with setting minimum norms and standards for ECD programmes at ECD centres. This aimed to improve the quality of ECD programmes which, as we have determined, is a priority of national government. Section 94 (2) (1) outlines the following national norms and standards for ECD programmes:

- (a) The provision of appropriate developmental opportunities;
- (b) programmes aimed at helping children to realize their full potential;
- (c) caring for children in a constructive manner and providing support and security;
- (d) ensuring development of positive social behaviour;
- (e) meeting the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development needs of children.

(Republic of South Africa, 2008:30)

The establishment of minimum norms and standards is a step in the right direction as regards improvements in the quality of care and early learning environments at ECD centres. However there are barriers in the way of enforcing this regulation. In a similar manner to Section 78 of Chapter 5, Section 93 (1) of Chapter 6 states 'the MEC for social development may, from money appropriated by the relevant provincial legislature, provide and fund early childhood development programmes for that Province'. There was much debate during the drafting of the Children's Amendment Bill about what regulations should be included. The National Early Childhood Development Alliance (NECDA)³³ took part in the public participation process and made a number of recommendations regarding the clauses contained within Chapter 6. The amendment the National Early Childhood Development Alliance (2006b:3) put forward for clause 93 (1) recommended the use of the word 'must' instead of 'may'. If accepted this would have made it mandatory for provincial MECs to fund ECD programmes for children, and particularly those with the fewest resources. This amendment was however rejected by government.

In recognising that ECD facilities in poor and deprived communities lack the human, financial or material resources to implement ECD programmes to meet the developmental needs of young children NECDA proposed another clause amendment. This read as follows: 'Despite sub-section 93 (1) above, programmes that do not comply with the norms and standards may qualify for conditional registration and conditional funding in order to assist them to comply with the national norms and standards' (National Early Childhood Development Alliance, 2006b:3-4). Once again this proposed amendment was rejected. While it is clear that government has made a commitment to regulating the formal ECD sector and, in theory, to prioritising those with the least resources as beneficiaries of subsidies, the regulations are not flexible and do not take into consideration the circumstances of those ECD centres in the poorest and most deprived communities. Once again, this is contrary to Section 46 (b) and (h) of the White Paper on Social Welfare which address the need to create national standards which are flexible and apply to a wide range of circumstances. Government's failure to grant conditional registration and to provide conditional funding to ECD centres in the poorest and most deprived

³³ NECDA was established in 2005 and is a voluntary association of ECD organisations. This body has a membership of ninety organisations, of which sixty are from the ECD NPO sector, representing 96.77% of the sector.

communities in order to enable them to meet the minimum norms and standards for registration and subsidisation, as well as to provide financial assistance so that the ECD programmes in these centres can achieve a minimum standard of care and early learning, is a major concern. In the absence of such provisions, it is difficult to see how the regulations regarding ECD in the Children's Act as amended can actually be realised.

Chapter 8 of the Children's Act as amended contains a number of provisions relating to prevention and early intervention programmes to promote the participation of families, parents, caregivers and children with the fewest resources. These include ECD programmes which, according to Chapter 8, can fall both under outreach services and also skills development programmes. However, while Chapter 8 clearly acknowledges the need to go beyond formal centre-based ECD programmes to include alternative ECD programmes, there is no specific mention of home- and community-based ECD programmes. Neither does the Children's Act as amended set out any norms and standards for the implementation of early intervention and prevention programmes. In addition, the regulations within this Chapter once again state only that provincial MECs 'may' make funds available for these services.

The fact that home- and community-based ECD programmes are not specifically recognised within the Children's Act as amended is most detrimental. As Biersteker (2008:9) reveals, 'very little public funding has yet been made available for home- and community-based ECD programmes, partly because these services are still being conceptualized and there are no funding norms for home- and community-based ECD services'. Moreover, this failure to properly conceptualise home- and community-based programmes continues despite the fact that almost a decade has now passed since the White Paper for Social Welfare argued that 'no single model or programme is appropriate to meet the varied early childhood development needs of families'. This White Paper also promised that 'a range of options will be made available, such as home and centre-based services; after-care for school-going children; stimulation programmes including part-day programmes; and family, education, health and nutrition programmes' (Department of Social Welfare, 1997:63). Despite these earlier commitments, and the provisions of the Children's Act as amended, it is evident that centre-based ECD programmes continue to be

prioritised by government and that home- and community-based ECD programmes continue to be neglected.

3.2.3 NATIONAL INTEGRATED PLAN FOR ECD IN SOUTH AFRICA (2005-2010)

Since 2005, there has been a conceptual shift towards a more coordinated and integrated approach to ECD, with the formulation of the National Integrated Plan for ECD (NIPECD) in South Africa 2005-2010. The NIPECD is the national framework governing ECD service provision in South Africa. The Plan is the outcome of a mandate given by government to the national Departments of Education, Health and Social Development (Social Services Cluster) in May 2004. The primary aim of this was to develop an intersectoral plan to bring greater synergy and coordination to current government programmes undertaken by these Departments in the area of ECD for children aged between birth and four years. This development came almost a decade after the White Paper for Social Welfare had called for a national ECD strategy to be devised as part of an intersectoral programme.

The Plan has a broad vision of children's needs and rights especially by comparison to the White Paper on Social Welfare, the White Paper 5 on ECD, the EPWP-ECD programme and the Guidelines for ECD Services. It is designed to act as a vehicle to help children realise their socio-economic and human rights as set out in the South African Constitution. The Plan recognises the need to develop and implement alternative ECD programmes, for example home- and community-based programmes. Therefore, in theory at least, it promises to go beyond the dominant centre-based model. Furthermore, the conceptual shift towards a more coordinated and integrated approach to provide infants and young children between birth and four years with access to resources that goes beyond the narrow focus on education alone to include basic nutrition, safe and sufficient water, health care services, social services/security grants and psychosocial programmes is most welcome. While there is no specific mention of realizing children's Constitutional rights, the fact that the Plan acknowledges the 'rights of children' as well as the 'needs of children' is nevertheless also positive. However it is necessary to critically examine this Plan in depth in order to gain a full understanding of its goals and guiding principles and to assess how the Plan envisages that its outcomes will be achieved. In addition to a

detailed documentary analysis of the NIPECD, in part four I will also look at how the Plan has shaped ECD provisioning in the Western Cape province.

The NIPECD seeks to achieve the following broad and wide-ranging goals:

- Create environments and situations in which children, particularly vulnerable children, can learn, grow and thrive socially, emotionally, physically and cognitively;
- Increase the opportunities for young children to prepare for entering formal schooling;
- Provide support to adults who care for young children and the communities in which they live, in order to enhance their abilities to care for and educate these children;
- Reduce the adverse developmental effects of poverty and other forms of deprivation on children from birth to four.

(Departments of Education, Health and Social Development, 2005:8).

There are questions and issues to be raised about these goals. First, “How does government aim to create environments and situations in which children, particularly vulnerable children learn, grow and thrive?” The NIPECD aims to do this by prioritising the meeting of ‘basic needs’ through an integrated and intersectoral approach. However, while the Plan focuses on meeting the practical ‘basic needs’ of vulnerable young children and their families, it falls seriously short of addressing the structural causes of poverty, and thus of tackling the barriers that prevent the poorest and most vulnerable children from enjoying their basic socio-economic rights. The NIPECD draws heavily on models and ideas developed in Minority Western countries, and it seeks to apply these in South Africa, despite the fact that the social and economic environments are profoundly different. These countries have well developed infrastructures (e.g. housing, electricity, water, sewage and sanitation) as well as social security systems that act as safety nets to ensure vulnerable children (who represent small minorities of the populations in such countries) and their families have the financial and material resources for children to learn, grow and thrive. For instance, in Great Britain the government provides a basic income-benefit

to unemployed adults as well as those on a low income, and, in addition all families receive child support benefit (which is not means tested), as well as free access to health services, primary and secondary education. Measures are also in place to ensure vulnerable families have access to adequate housing, electricity, water and sanitation. Households on a low income are entitled to housing benefit, which can cover up to 100% of rental costs. With regards to ECD provisioning, the British government provides free access to pre-school ECD programmes (nursery) for children between three and four years, and it also assists working parents through the Child Tax Credit system which provides subsidised childcare for children between birth and four years.

The situation in South Africa could not be more different. In spite of the fact that South Africa is regarded as a middle-income country the majority of South Africans live in poverty and 'are marginalised from mainstream economic activity and services' (Taylor, 1997:7). There are high levels of homelessness and millions of families also continue to live in grossly substandard accommodation (e.g. shacks made out of wood, plastic and/or corrugated iron) without access to water, electricity, sewage and sanitation. Poverty is deep-rooted and structural and affects the majority of the population. Furthermore, the South African national social security system does not provide an adequate safety net for those who are unemployed and/or living below the poverty line.³⁴ There is no basic unemployment or income benefit and the only living allowances designed to support and assist parents/caregivers are the Child Support Grant (CSG),³⁵ the Care Dependency Grant (CDG)³⁶ and the Foster Child Grant (FCG).³⁷ While these grants, particularly the Child Support Grant, have been widely taken up and have had some positive effect on poverty alleviation (Hall, 2010), it is questionable whether they provide families with a level of income sufficient to meet their basic subsistence needs. For instance, as of April 2010 the value of the Child Support Grant was only R250 per month per child which is clearly

³⁴ A full 39% of the adult population, who do not qualify for any social grants, continue to have no access to a sustainable livelihood (Di Lollo, 2006:18).

³⁵ The South African government is obliged to support children directly when their parents or caregivers are too poor to support them adequately. This is done primarily through the Child Support Grant which is an unconditional cash grant paid to the caregivers of eligible children. As of April 2010 the value of the CSG was R250 per month per child. It is means tested and the income threshold is calculated at 10 times the amount of the grant (Hall, 2010).

³⁶ The Care Dependency Grant is a non-contributory monthly cash transfer to caregivers of children with severe disabilities who require permanent care. The value of this grant increased to R1,080 in April 2010. Although the grant is targeted at children with severe disabilities, children with chronic illnesses are eligible for the grant once the illness becomes disabling. The grant can assist caregivers to care for children who are very sick with AIDS-related illnesses, for example (Hall, 2010).

³⁷ The Foster Child Grant is available to foster parents who have a child placed in their care by an order of the court. It is a non-contributory cash grant valued at R710 per child per month in April 2010. It is also means tested (Hall, 2010).

insufficient, particularly in the many households with no adult income earners.³⁸ Moreover, these social security grants do not address the problems created by the lack of other basic services like adequate housing and access to water, electricity and sanitation.

In addition to the material problems created by mass poverty, the majority of vulnerable children also live in communities characterized by high rates of drug and alcohol abuse, violence and child abuse, FAS and HIV/AIDS. Access to basic services and social security grants are therefore clearly inadequate to create the type of environments envisaged for these children by government. While the NIPECD's broad goal of creating 'environments and situations in which children, particularly vulnerable children, can learn, grow and thrive socially, emotionally, physically and cognitively' is to be praised, a huge gap exists between this abstract goal and the realities facing millions of South African children. The basic assumptions which inform the NIPECD are largely drawn from Minority Western world contexts which are inappropriate to South Africa where profound poverty affects the majority, rather than a minority, of children.

Second, the assumption made by government that high quality ECD programmes can better prepare children for formal education is itself questionable. This may well apply to children in the upper socio-economic group who, for the most part, have the resources to access formal ECD programmes that offer quality care and education. However, for children in the middle and lower socio-economic groups ECD provision continues to be marked by gross inequalities in resources, provision and opportunities. This means that formal ECD programmes are often of insufficient quality to prepare children for formal education (Dawes and Biersteker, 2010). Consequently, even those 'privileged' few who have access to formal ECD programmes are often ill prepared for formal school and are forced to repeat primary grades (Department of Education, 2001b). These variations in quality have the most profound impact on children from the poorest and most deprived communities; as

³⁸ Moreover, although official take up rates are high (71% of eligible children in 2010 (Hall, 2010)), these figures exclude the large numbers of children and their parents/caregivers who lack enabling documents (e.g. birth certificates, death certificates, marriage certificates and identity documents). As the Alliance for Children's Entitlement to Social Security (2010:2) notes this 'lack of enabling documents [is] a fundamental barrier to children's enjoyment of their rights ... without such a document, children cannot access services designed to be their life lines nor engage in economic activities that can potentially end the cycle of poverty'. The NIPECD does recognise this problem of a lack of access to enabling documents, but progress has been slow.

government itself acknowledges 'children raised in poor families are most at risk for ... poor adjustment to school, increased repetition and dropout rates (Departments of Education, Health and Social Development, 2005:3).

Furthermore, the basic assumptions which inform the NIPECD are once again largely drawn from Minority Western world contexts which are inappropriate to South Africa where ECD is marked by gross inequalities in resources, provision and opportunities. The repeated use of the phrase 'high quality programmes' clearly draws on the findings of studies such as Head Start and the High Scope Perry Preschool Study (carried out in North America) which revealed that participation in high quality ECD programmes can compensate for disadvantages and provide a head start for children growing up with poverty and other forms of adversity. It is of paramount importance to note that the High Scope Perry Pre-school programme employed teachers who were qualified to Masters level, operated five days a week, was part-time over two years, with a ratio of six children (aged three to four years old) to one teacher. In addition, teachers visited each family in their home for ninety minutes per week (Schweinhart et al, 2005). The situation in South Africa could not be more different. In the poorest and most deprived communities it is not uncommon for one adult (unqualified) to supervise more than forty children in inadequate accommodation (shack, shipping container with no sanitation and water) and limited resources (most of which are for care rather than education), for more than eight hours a day. As previously mentioned, the formal ECD sector continues to face huge challenges including: a lack of funds; poor infrastructure; unqualified practitioners; and a lack of quality learning materials.

Third, criticisms can also be made of the NIPECD's third goal which is to 'provide support to adults who care for young children and the communities in which they live, in order to enhance their abilities to care for and educate these children'. The NIPECD aims to achieve this through home- and community-based ECD programmes in which parents/caregivers are taught about children's developmental needs as well as activities to improve child development outcomes. However the idea that ECD programmes can enhance parents' and caregivers' abilities to care for and educate their children is based on a narrow reductionist view which links knowledge to behaviour. In particular, it is assumed that knowledge can enhance

and modify parents' behaviour in ways that will improve their children's care and development. However, this view does not take into account either the quality of the parent-child relationship, or the mental and physical health of parents, something which is crucial to their children's health and development (Doyal and Gough 1991, Hart, New and Freeman, 2004, Chase-Stovall and Dozier 1998). Doyal and Gough (in Carter and New, 2004:152) maintain that parental competency requires a degree of autonomy in the parent, and argue that 'autonomy also requires external conditions which permit significant action. These could be hard to attain under conditions of poverty'. As Campbell (2011:41) notes in a study of the Western Cape, 'social and economic conditions undermine caregiver's abilities to provide appropriate care and support children's development'.

Within South Africa poverty is further exacerbated by violence, by persistent and widespread alcohol and drug abuse, and by FAS and HIV/AIDS. These also have a negative impact on parental competency. For instance, it is suggested that bonding failure amongst mothers who give birth to infants with Fetal Alcohol Syndrome (FAS) can lead to attachment disorder and predispose the infant and child to neglect and abuse (Department of Health, 2000). Despite these kinds of widespread problems limited psychosocial support services are available within impoverished communities and therefore parents/caregivers are rarely afforded the opportunity to overcome their own emotional and psychological problems, let alone the development needs of their children. Additionally, as Pendlebury et al (2009:74) note 'South Africa has a long history of children not living consistently in the same dwelling as their biological parents due to poverty, labour migration, educational opportunities or cultural practices'. This is further compounded by the HIV/AIDS endemic which has resulted in significant numbers of children being orphaned (paternal, maternal and double orphans). As a result, many children experience a sequence of different caregivers and are brought up without maternal and/or paternal figures. Young children are often cared for by grandparents, aunts and uncles, and in some instances older siblings who often do not have the required documents to access social security grants (CSG, CDG, FCG). In reality many of these families spend much of their time worrying about how they will 'put food on the table'. Despite this, the NIPECD fails to properly assess the environments in which vulnerable children find themselves and it largely ignores the many barriers (mental, physical and material) that prevent or

impede adults/older siblings from providing appropriate care and supporting children's development.

Fourth, the NIPECD's fourth goal - to 'reduce the adverse developmental effects of poverty and other forms of deprivation on children from birth to four' by improving access to a range of services (health, social security and education) - is also problematic. The first three years of children's lives are critical for early human development (cognitive, emotional, linguistic, physical and social) and many of the adverse developmental effects of poverty and other forms of deprivation caused during this period are irreversible. For instance, malnutrition causes stunting which is associated 'with multiple functional disadvantages that persist throughout childhood. These include suboptimal cognitive development [and] impaired immune function' (Chang, Walker, Grantham-McGregor and Powell, 2002:776). Similarly, FAS has a profound and permanent impact on children's physical development (physical dysmorphology, most notably in the face and head) and cognitive development (Mckinstry, 2005:1). According to the National Association of State Alcohol and Drug Abuse Directors (2005:4) 'in addition to structural brain damage, prenatal alcohol exposure leads to developmental deficits in learning and memory, attention, and other cognitive functions, as well as problems with motor control, mental health and psychosocial behaviour in children with FAS'. The Western Cape province has the highest rates of Fetal Alcohol Syndrome (FAS), not only in South Africa, but the world (May et al 2007). In 2001, the National Institute of Alcoholism and Alcohol Abuse reported that 41 to 46 cases per 1 000 infants are found by screening to have FAS in the Western Cape.³⁹ As May, Brooke, Gossage, Croxford, Adnams, Jones, Viljoen and Viljoen (2000) affirm FAS is an epidemic in the province. Improved access to services cannot reduce the irreversible developmental effects caused by conditions like FAS and stunting.

Moreover, were the NIPECD to stand any real chance of reducing the adverse developmental effects of many poverty-related conditions like FAS and stunting it would need to assess and address the particular needs of those children and their families affected by such problems. Shockingly however, the NIPECD actually

³⁹ While these figures are high, it is possible that this is not a true reflection of the actual number of children found to have FAS. Due to a lack of detection (access to screening) it is probable that these figures are much higher.

makes no specific reference to problems like FAS, malnutrition and stunting and it makes no attempt to introduce strategies to meet the special and specific needs of the huge numbers of children suffering from the effects of such conditions. Likewise, no specific provision is made for many of the other categories of children defined as 'vulnerable' by the NIPECD.⁴⁰ Instead a complex range of children (including for example those with physical disabilities, incurable diseases, children affected and infected by HIV and those from dysfunctional families who may suffer from physical and mental abuse) with very different needs are lumped together by the NIPECD. Moreover, Storbeck and Moodley (2011:3) make an important observation in stating that within the NIPECD 'there is a lack of provision for early identification of disability (birth to three) and strategies that should be put in place to ensure early identification and intervention so that there is minimal disruption to holistic development of the child'. Thus, despite the NIPECD's goal to 'reduce the adverse developmental effects of poverty and other forms of deprivation on children from birth to four' the Plan fails to systematically assess and address the needs of the most vulnerable children and their families. Indeed, in many cases it fails to even mention such children.

Similar concerns can also be raised as regards the guiding principles. The NIPECD is framed around a set of guiding principles including excellence, access, equity, diversity and accountability and community-driven provision. It defines these as follows:

- Excellence: The design, funding, and implementation of systems necessary to support best practices in ECD.
- Access: All families have the opportunity to participate in ECD programmes that are not compromised by prohibitive financial costs or targeted eligibility requirements. Furthermore, no children are excluded, regardless of aptitudes, abilities, disabilities or geographic location. There are no barriers for children to attend high-quality programmes.

⁴⁰ The National Integrated Plan for Early Childhood Development in South Africa 2005-2010 defines vulnerable children as: (i) children with physical disabilities and incurable diseases; (ii) children affected and infected by HIV; (iii) children from dysfunctional families; (iv) children in homes headed by other children; (v) children from poor households and communities' (Departments of Education, Health and Social Development, 2005:10).

- Equity: Opportunities for all children, regardless of family status, income, disability, gender, national origin, ethnicity, religion, or race to attend high quality programmes, with an emphasis on targeted funding to ensure that those families with the fewest resources are served.
- Diversity: Flexibility in the ways in which programmes are provided and services are tailored to the needs of families and children. Responsive and supportive programmes that recognise and respect the whole child and family, their cultural backgrounds and the community's culture.
- Accountability: Clearly defined standards for programme quality and personnel, with input from ECD practitioners, families and communities, with ongoing planning and evaluation processes, to ensure positive educational, health and social outcomes for children.
- Community-driven provision: Communities are central to ECD provision. (Departments of Education, Health and Social Development, 2005:11).

These guiding principles are characterised by a wide-sweeping ambition and vision and an apparent commitment to realising the needs and rights of all South African children. The commitment to grand abstract principles such as excellence, access and equity also suggests the influence of Minority Western world models. However, as the following paragraphs reveal, the NIPECD pays insufficient attention to South African realities and in particular to the massive barriers that stand in the way of achieving equitable access to high quality ECD programmes for all children between birth and four years.

While the Plan suggests a commitment to 'the design, funding, and implementation of systems necessary to support best practices in ECD' the difficulties in operationalising ECD provision is twofold. The first challenge relates to the responsibility for overseeing ECD provision at the household⁴¹ and community⁴² levels of intervention. The NIPECD portrays home- and community-based ECD programmes as effective vehicles for assisting vulnerable children and their families with access to birth registration, nutrition, water and sanitation, health services

⁴¹ Early childhood care and development interventions take place at household level through the interventions of parents, extended family members, older siblings and other caregivers. (Departments of Education, Health and Social Development, 2005)

⁴² Children access early childhood care and development interventions at community level through playgroups, community centres etc. (Departments of Education, Health and Social Development, 2005).

(immunisation and integrated management of childhood illnesses), social security grants (child support grant and foster care grant), psychosocial programmes, and early learning programmes (Departments of Education, Health and Social Development, 2005). At the level of implementation the integrated approach to ECD requires the Departments of Education, Health and Social Development to work together to deliver a package of services and programmes to meet the basic needs of children from birth to four years. However, as Ebrahim (2010:130) notes 'in a recent study on innovative ECD programmes as resources for birth to 4 years it was found that the social cluster [Departments of Education, Health and Social Development] at local levels was inactive for integrated service delivery. The key departments continued to work in silos'. This type of practice not only undermines the notion of 'best practice', it also highlights that the integrated approach to ECD is difficult to achieve, particularly where there is a lack of sufficient dialogue and collaboration between the key Departments.

The second challenge relates to the funding of home- and community-based ECD programmes. Ebrahim (2010:129) notes that 'the funding for integrated ECD programmes for children from birth to four years is complicated by the fact that these programmes have multiple components that need a different kind of funding formula from centre-based provisioning'. Thus while the Plan marks a shift towards an integrated approach to ECD there is no integrated budget. Instead, the Plan concludes that 'integrated funding is not viable considering current funding mechanisms ... Each lead department is responsible for ensuring that the budgets are either secured through accessing the Provincial Equitable Share, Conditional Grants, municipal budgets or donor funding' (Departments of Education, Health and Social Development, 2005:14). This leads to variations between Departments as well as between and within provinces (Biersteker, 2008). It also has an impact on the availability of funds for the different programmes outlined in the Plan. For instance, the Departments of Education and Social Development have seen substantial increases in budget allocations for ECD subsidies and training for formal centre-based programmes, however next to no money has been allocated to home- and community-based programmes (Biersteker 2007, Ebrahim 2010).

Furthermore, the NIPECD's states unequivocally that 'all families have the opportunity to participate in ECD programmes that are not compromised by prohibitive financial costs or targeted eligibility requirements' and that 'opportunities [should exist] for all children, regardless of family status, income, disability, gender, national origin, ethnicity, religion or race to attend high quality programmes' (Departments of Education, Health and Social Development, 2005:11-12). Yet this move towards equitable access is also marred by a number of problems. First, while the emphasis on integration is driven by a desire to deliver a package of services to children, the integrated approach is also regarded as a means to 'reduce costs' by reducing the duplication of services. Consequently, the plan regularly uses terms like 'efficient' and 'cost effective' and it declares that 'the aim ... is to provide a cost effective implement able model of intervention'. More worryingly still, the NIPECD declares that one of the key reasons for emphasising home- and community-based programmes is that they are regarded as 'more cost effective' (Departments of Education, Health and Social Development, 2005:24).

Second, financial limitations mean that the Plan is characterised by a core commitment to targeting. The Plan proposes 'this is in line with the international experience of targeting, in this case by age, as a key mechanism for dealing with the challenge of scarce resources' (Departments of Education, Health and Social Development, 2005:6). In fact, in coping with scare resources it is proposed that the Plan not only targets according to age, but that it also prioritises the poorest and most vulnerable children. Vulnerability is defined in a number of ways, including by household income and geographical area and also by orphan-hood, physical disabilities and incurable diseases, HIV/AIDS and dysfunctional families/households. However, targeting in a context where the vast majority of children (66%) live in poverty and are seriously affected by other forms of deprivation and disadvantage makes little sense (Streak et al, 2009).

Additionally and significantly, vulnerable children and their families are also identified by the Plan as prime candidates for ECD interventions at the household and community levels which are regarded as more cost effective than centre-based interventions. The fact that government is unwilling to fully fund the fees of the poorest and most vulnerable children means that these children are largely excluded

from accessing formal centre-based ECD programmes. Yet, at the same time the bulk of government funding has been directed to these centre-based programmes (Biersteker 2007, Ebrahim 2010). In consequence, the poorest and most vulnerable children are also being excluded from accessing home- and community-based ECD programmes, the expansion of which is constrained by a lack of government funding. Taken together this means that little funding is actually allocated to the poorest and most vulnerable children, despite the Plan's rhetoric about access, equity and targeting.

Furthermore, the NIPECD makes a commitment to 'community-driven provision' and unequivocally states that 'communities are central to ECD provision'. However the implementation guidelines (Tshwaragano Ka Bana Programme) for the NIPECD do not outline the way in which communities are to be consulted in the design of ECD programmes. On the contrary, the guidelines specify the range of ECD programmes to be delivered and prescribe the role to be played by members of the community in implementing these programmes. Given that they are not consulted or involved in decisions regarding the types of services and activities to be included in ECD programmes it is difficult to envisage how communities, and perhaps particularly the poorest communities, are to be encouraged to take ownership and drive ECD provision.

A further related concern is that the implementation guidelines for the NIPECD provides a list of the roles and responsibilities of the key Departments, but fail to address the way in which services and programmes are to be delivered at the grassroots level. For instance, all key departments are responsible for ensuring that 'all children have access to a daily balanced nutrition'. However, the NIPECD fails to spell out how this is to be achieved in practice. For example, the Department of Social Development is primarily responsible for overseeing the delivery of home- and community-based ECD programmes which specifically target the poorest and most vulnerable children and families. In the Western Cape province this Department funds a number of ECD NPO organisations to deliver these programmes, however greater emphasis is placed on the educational component than the nutritional component. Shockingly, the nutritional component is completely absent from the flagship home- and community-based ECD programme within this province

(Campbell, 2011). While this programme may assist families to access social security grants such as the CSG, the value of this grant is not sufficient to ensure children have access to a daily balanced nutrition. Furthermore many families do not have the necessary documents to access social security grants and have no household income, hence the high levels of child malnutrition and stunting in the province. It seems likely that if these families were involved in the design of home- and community-based ECD programmes that provision for children to have access to a daily balanced nutrition would be foremost. As it stands, community-driven provision has not yet been achieved in practice and home- and community-based ECD programmes are not, as the NIPECD suggests they ought to be, 'tailored to [meet] the needs of families and children' in the poorest and most deprived communities.

Despite the Plan's declared commitment to diversity - 'responsive and supportive programmes that recognise and respect the whole child and family, their cultural backgrounds and the community's culture – the models it adopts are in fact based on a narrow range of Minority Western world cultural practices and values. There is consequently limited attempt to either recognise or respect the diversity of cultures within South Africa. For instance, the range of ECD programmes identified in the NIPECD place great emphasis on early learning and upon the role of the adult to educate children in preparation for entering formal schooling. This is most notably expressed in the National Early Learning Development Standards (NELDS) developed by the Department of Education specifically for the implementation of the NIPECD. The NELDS contains a set of statements that reflect expectations for the learning and development of young children across several areas of development. The primary aim of the NELDS is to assist parents/caregivers and ECD practitioners to implement age appropriate learning activities for children between birth and four years. In addition to children's physical, social and emotional development, attention is given to literacy and numeracy.

There are two major problems with the NELDS. First, it is insensitive to the circumstances of parents/caregivers living in dire poverty. For instance statements such as, 'praise children when they attempt to help themselves [to food]' are unlikely to be appropriate where there is a lack of food in the household (Department of

Education, 2009:16). Furthermore, it is taken for granted that parents/caregivers have access to resources such as blocks, books, crayons, games, toys and puzzles to support the learning environment. Second, the NELDS adopts Western cultural practices which are based on 'developmental norms' and 'milestones' and in which adults play a critical role in children's development. This blatantly disregards black African practices that are founded on the belief that children play a critical role in their own self-development (Pence and Nsamenang, 2008). As previously discussed, indigenous black African practices are based on perceived stages and milestones of human ontogenesis, in which parents and peer mentors assign sequential *cultural* tasks to the stages of development they recognize within their culture (Nsamenang in Garcia, Pence and Evans, 2008). As such, children's development occurs through the acquisition of knowledge and skills that exist in their own culture, rather than focusing on the acquisition of knowledge and skills most valued in Western cultures.

The final issue to address in relation to the guiding principles is that of accountability - clearly defined standards for programme quality and personnel, with input from ECD practitioners, families and communities with ongoing planning and evaluation processes, to ensure positive educational, health and social outcomes for children. The implementation guidelines make no mention of the structures and process to be put in place for families and communities involvement in planning, monitoring and evaluation and the defining of standards for ECD programmes. While the implementation guidelines include recommendations for monitoring ECD plans and activities at the local and provincial levels, Biersteker (2008:10) notes that these are 'preliminary guidelines rather than fully developed monitoring systems and as far as is known, there is currently no formally accepted M & E [monitoring and evaluation] system available for monitoring the ECD NIP'. This lack of data not only hampers planning and budgeting it also makes it difficult for the Departments to collectively assess who is actually benefiting from the NIPECD, as well as whether or not the NIPECD is making a positive impact on child development outcomes. Prior to the implementation of the NIPECD there was no South African evidence to support the claim that access to a broad range of services, and in particular ECD, improves child development outcomes (Dawes and Biersteker, 2008). It would seem that this is still the case.

There are also profound problems with the implementation guidelines of the NIPECD (Tshwaragano Ka Bana Programme). In particular, there is a mismatch between the model of implementation on the one hand and the implementation plan on the other. The model of implementation anticipates that 50% of young children's early childhood care and development will take place through interventions at the household level, which involves nutrition, hygiene, protective shelter, water provision, and primary health care among other care giving practices (home-based ECD programmes), a further 30% at community level which aims to contribute to the child's development by providing access to services such as clinics, playgroups and parent support groups (community-based ECD programmes) and 20% at the formal level which includes services at day-care centres and pre-schools (centre-based ECD programmes). This is designed to provide 'a continuum of intervention' with the family/household acting as 'the primary level of intervention for primary care and support', the community serving as a secondary level which 'further contributes to this continuum of care' and formal services acting as 'the end of the continuum' (Departments of Education, Health and Social Development, 2005:22).

However, this model of implementation does not appear to fully inform the implementation plan. Instead, the implementation plan pays fullest attention to interventions at the formal level rather than household and community levels which are supposedly the primary and secondary levels of intervention and ought to make up 80% of ECD service provision. The NIPECD only sets specific targets for implementation at the formal level. These specific targets are set out over two main phases. The First Phase (2006-2007) involves no expansion either in the numbers of children accessing centre-based ECD programmes or in the number of registered and subsidised centres. Instead the focus of this stage is on training 2 ECD practitioners at each of the existing 5 000 registered ECD sites. Expansion occurs at the Second Phase (2007-2008) which targets an additional 5, 400 ECD centres for registration and subsidisation, with 'at least 2 practitioners per site participating in the training programme' (Departments of Education, Health and Social Development, 2005:26).

By contrast no specific targets are set out for the implementation of home- and community-based programmes during any of the NIPECD's four phases. In fact, at

the First Stage these programmes are only given one sentence, which is terribly vague 'delivery of services to parents and young children at household and community level' (Departments of Education, Health and Social Development, 2005:26). There is no mention of home- and community-based ECD programmes during the Second Phase, nor at the Fourth Phase (2009-onwards) which only concentrates on the consolidation of existing services. Only one home/community-based ECD programme is set out in the NIPECD's implementation plan in any detail at all and that is the Mother-Child programme which is to be rolled out in the Third Phase (2008-2009). However, this Mother-Child programme includes no targets as to the number of children and families it should reach, nor any details of provisions for training additional practitioners in this area. In addition the emphasis of this programme is once again on training parents/caregivers to educate their children, this time via the distribution of a stimulation 'starter kit'. No mention is made in this programme of crucial issues such as nutrition. A similar vagueness besets the implementation plan's discussion of the delivery of 'primary services' at the household and community levels of intervention. No targets are set for the numbers of children who will receive 'a daily balanced nutrition', to be immunised, or to be given access to protective shelter, safe and sufficient water, social security grants or to participate in psychosocial programmes. In the absence of these kinds of specific targets it is difficult to imagine how inter-departmental cooperation is to be achieved and it is also impossible to measure the progress of the NIPECD.

The way in which the NIPECD's implementation plan is skewed towards the provision of ECD services at the formal level reflects its close alignment with the EPWP-ECD plan. In fact, the targets set out by the latter plan are strikingly similar to those set out by the NIPECD. Both plans prioritise the training of 2 practitioners per site initially in registered centres and then at a later stage at unregistered centres. Both plans also prioritise the registration and subsidisation of formal centre-based ECD centres. This duplication reflects the fact that the NIPECD has no dedicated budget of its own, but instead draws on the existing EPWP-ECD budget. In other words the NIPECD brings relatively little that is genuinely new to the table either in terms of priorities and targets or in terms of funding. Both plans do little more than recognise the importance of alternative ECD provision such as home- and community-based ECD programmes on paper.

These disparities can be seen clearly in the case of the Western Cape where the distribution of resources is heavily skewed in favour of formal centre-based ECD programmes. The Provincial Government of the Western Cape (PGWC), Department of Social Development (DoSD) has overall responsibility for the implementation of the NIPECD in this province. The PGWC DoSD budget allocation for 2010/11 stood at R199,3m, of which, R179,8m (90.22%) was earmarked for the provision of formal ECD programmes, and R19,5m (9.78%) for the provision of home- and community-based ECD programmes (Budlender and Proudlock, 2010:22). As these figures reveal there is huge tension between the allocation of budgets and the provisioning of programmes set out in the NIPECD's implementation model, according to which 80% of ECD services are to be delivered at the household and community levels. Moreover, the allocation of 'earmarked' funds at the provincial level is a direct result of national government's commitment to the EPWP-ECD programme, which is one part of an overall national government strategy to reduce unemployment and increase economic growth within the formal ECD sector (Departments of Education, Health and Social Development, 2004).

The consequences of these budgetary commitments for children living in the Western Cape are stark. According to Statistics South Africa (2006) there was an estimated 462,300 children between birth and four years living in the Western Cape province in 2005/6, of whom approximately 187,823 (40%) were living below the poverty line (Budlender 2007). Currently, 90.22% of the PGWC DoSD budget (2010/11) is allocated for the provision of formal ECD programmes, which is reaching approximately 60, 776 children between birth and four years (Western Cape Department of Social Development, 2009b). While this accounts for 13.15% of the overall population of children within this age cohort, it is of most significance that 95.9% of these children's caregivers pay fees (Western Cape Department of Social Development, 2010b). As previously suggested the ECD subsidy awarded by the PGWC DoSD is not reaching the poorest and most vulnerable children from the lowest socio-economic group – those whose parents/caregivers cannot afford to pay fees – and who constitute the 40% of children living in dire poverty. In addition, as we saw earlier, the poorest children are also the least likely to live in areas with ECD centres that are registered and subsidised.

In stark contrast, 9.78% of the budget is allocated for the provision of home- and community-based ECD programmes which aim to reach approximately 7,800 children between birth and four years (Western Cape Department of Social Development, 2009b). This accounts for 4.1% of the overall population of children living in dire poverty (home- and community based ECD programmes are specifically targeted at children in the lowest socio-economic group). This figure indicates that these programmes are not being delivered in a substantial way to increase access for the 40% of children within the province who are living in dire poverty and continue to be excluded from accessing formal ECD programmes. The situation is made worse by current legislation which further constrains the expansion of home- and community-based ECD programmes. The Children's Act as amended does not make provision for these types of programmes. Consequently, as Biersteker (2007:4) reveals, 'there are major issues and gaps to be resolved to mainstream home- and community-based ECD programmes ... There is no regulatory and support framework for these types of programmes and current funding norms for the Department of Social Development do not provide for these initiatives'. The development of regulatory and support (monitoring and evaluation) frameworks as well as funding norms is critical if government is to increase access to these programmes. While it is acknowledged that these processes take time and require sufficient human and financial resources, it is also important to recognise that government's failure to adequately address these issues carry the danger of further deepening the inequalities as regards access to ECD service provision – particularly for the poorest and most vulnerable children.

PART THREE: DOMINANT ECD DISCOURSES AND THEIR INFLUENCE ON ECD IN SOUTH AFRICA

In part three I examine the dominant ECD discourses within the current global context and ask how these have influenced developments in ECD policy and practice in South Africa. I look firstly at the influence of neo-liberalism, and secondly at the influence of child developmental psychology discourses.

3.3 NEO-LIBERALISM AND CHILD DEVELOPMENTAL PSYCHOLOGY

Neo-liberalism and child developmental psychology are major themes influencing ECD policy and practice globally. These discourses are intrinsically linked. For instance, neo-liberal approaches to early childhood development (market model) and early human capital formation are underpinned by child developmental psychology discourses and practices. A significant feature of these dominant perspectives is that they are largely associated with developments in educational and economic change in both Minority and Majority world societies and they tend to privilege formal ECD settings, as opposed to those based in the home and community (Woodhead, 2006). An analysis of policies governing ECD service provision in Minority countries such as Great Britain and the Netherlands reveals the influence of neo-liberalism and child developmental psychology discourses. For instance, in Great Britain the increased emphasis on the role of the market has led to the introduction of a number of regulations, the latest being the Childcare Act of 2006 which sets out regulations for the registration and subsidisation of private ECD centres. In addition, all centres must meet the standards set out by Her Majesty's Inspectorate of Education, and are regularly inspected. Providers are also required to observe national curriculum guidelines that are underpinned by developmental principles and practices.

Of most relevance is the growing interest in market solutions to the delivery of ECD within Majority world contexts. This growing policy interest has gained increased ascendancy in Sub-Saharan Africa (SSA) in recent decades. Countries such as Ghana, Mauritius, Namibia and South Africa have all adopted market-driven Euro-Western approaches to ECD. However, in the context of widespread poverty and other forms of adversities the implementation of the market model has been severely

constrained in these Majority world contexts (Boakye, Etse, Adamu-Issah, Moti, Matjila, Shikwambi, 2008).

3.3.1 NEO-LIBERALISM, THE WORLD BANK AND ECD

The downfall of apartheid led to high expectations that the liberation movement would radically reform the education system, including ECD. However as Bond (2005:11) notes 'within months of coming to state power', the new government had deviated from the 'liberation movement mandate'. He attributes this partly to the 'persuasive power of the World Bank/IMF [International Monetary Fund]', both of which pursue a neo-liberal agenda. As we have seen, in post-apartheid South Africa the government's adoption of neo-liberal policies has resulted in a failure to meet people's socio-economic rights – including the rights of children.

Neo-liberalism has also powerfully shaped the direction of ECD policy in post-apartheid South Africa. In 1994 the newly elected government had criticised the narrow direction of ECD which was firmly located within education policy. Influenced by amongst other things global trends brought about by the World Bank the government nevertheless went on to locate ECD firmly within education policy. This was most notably expressed in White Paper 5 on Early Childhood Development which focused almost solely on Reception Year Provisioning (pre-school educational programmes to children aged five). In a critique of White Paper 5 Porteus (2001:13) concluded that 'at some stage [and probably very early in the process] a decision had already been made that regardless of the viability of alternative models, the future policy would focus on Reception Year provisioning. It appears that more integrated models of ECD development were probably never seriously considered'. This, she attributes to international pressure and in particular the influence of the World Bank which, in her view, has taken ECD provisioning backwards – particularly in the case of children living in the deepest poverty.

The neo-liberal agenda adopted by government has had two key effects on the direction of ECD in South Africa since 1994. Firstly, as we have seen, government has repeatedly located ECD within a narrow educational framework, rather than seeking to realise the socio-economic and cultural rights of children more broadly.

Secondly neo-liberalism has encouraged a more narrowly defined role for government and an approach which encourages the development of the market in the provision of ECD services for young children between birth and four years.

The influence of neo-liberalism with its focus on human capital preparation and instrumental learning (of Western influence) has directly undermined the potential for a shift from an exclusionary and narrowly educational approach to ECD to a more inclusive and integrated approach. As Porteus (in Hornby, 2005:3) points out 'strategies such as enhancing maternal, infant and child nutrition; provision of safe and secure accommodation have emerged from other sectors out of this integrated definition of ECD but this concept, however, becomes problematic at the point of operation through the narrow lens of education policy'. This critique is most relevant to the NIPECD because the operationalisation of the integrated approach to ECD has been constrained by current legislation and the skewed distribution of resources in favour of educational programmes delivered at formal ECD centres.

Although the NIPECD does talk of realising the socio-economic rights of children, it is also informed by a more instrumental human capital approach to ECD. Indeed The NIPECD actually opens with a reference to the World Bank book entitled *Early Child Development: Investing in the Future*. The human capital approach to ECD is strongly expressed within ECD policy initiatives globally, and very notably by the World Bank (Penn 2002). The World Bank's website argues that there is a linear relationship between investment in early childhood development and rates of return in terms of human capital, with benefits coming well above costs. The accompanying text offers the promise that 'A healthy cognitive and emotional development in the early years translates into tangible economic returns ... Policies that seek to remedy deficits incurred in the early years are much more costly than initial investments in the early years (World Bank, 2011). The influence of the human capital approach is also evident in South Africa and can be seen in the statements of leading individuals like Vusi Madonsela, Director-General of the Department of Social Development. Madonsela states that 'ECD is a pillar of building human capital in our society, and, over time, the reduction of intergenerational poverty ... The growing number of children at ECD centres is indicative of our determination to build human capital through exposure to early learning' (Department of Social Development, 2010:7). As

this illustrates, there can be a real gap between the vision and values of those involved in writing the Plan and those responsible for managing and funding its implementation. This can also be seen more generally in the skewing of government funding towards centre-based ECD programmes which are seen as an effective vehicle to better prepare children for formal education and the workforce (Biersteker 2007, Ebrahim 2010).

Madonsela fails to acknowledge that the poorest and most vulnerable children are largely excluded from accessing formal centre-based ECD provision and that ECD is marked by gross inequalities (in resources, provision and opportunities) that government itself has deepened and amplified through the adoption of neo-liberal Euro-Western approaches to ECD. Furthermore, the reduction of intergenerational poverty needs to be situated in a broader context that takes into account the failure of neo-liberal economic policies that help to perpetuate this poverty. Rather than taking steps to tackle the structural causes that reproduce and perpetuate poverty, poverty alleviation programmes, such as those identified in the NIPECD, which seek to help children and their families cope with their particular misfortunes are deemed necessary. While this approach recognises that the causes of poverty are not the fault of the individual, it fails to acknowledge that neo-liberal economic policies reproduce poverty and have harmful effect on children's development. Moreover, it highlights government's failure to develop comprehensive anti-poverty policies that effectively address the socio-economic structural factors that create conditions such as FAS, malnutrition, and stunting among young children growing up in poverty.

A further limitation noted by Brockerhoff (2010:49) is that 'the impact of such ad hoc reforms has further diluted the constitutionally driven, universal, rights based approach ... Where the state extends cover to vulnerable groups that share exclusive characteristics (children, older persons etc) this affirms a more residual, neo-liberal approach of targeted interventions to the 'most vulnerable' or the 'poorest of the poor'. The latter is increasingly the approach taken by the South African government in the area of ECD. However, as we have seen, the EPWP-ECD programme and the NIPECD have failed to deliver significant gains in terms of reaching the poorest and most vulnerable children and their families. Government's neo-liberal approach to ECD has resulted in a narrow reductionist perspective concerned with building

human capital and increasing economic growth within the formal ECD sector. Developments in ECD, such as White Paper 5 on ECD, the EPWP-ECD programme and the NIPECD, are, whether explicitly or otherwise, conditioned by economic objectives and influenced by economic models of human capital. As a consequence, it is the building of human capital and economic growth rather than the *developmental* needs of vulnerable young children which largely determine the shape of ECD policy and the allocation of government funds for ECD service provision in South Africa.

Neo-liberalism has also encouraged a more narrowly defined role for government and, in turn, the further development of the market in the provision of ECD services for young children between birth and four years.⁴³ The government's ideological stance on market solutions (privatised responsibility) as regards the delivery of ECD has meant that centre-based ECD programmes are to be initiated by members of the community. However, the capacity of the poorest and most deprived communities to initiate centre-based ECD programmes that comply with the regulations set out in the Children's Act as amended, and in particular the minimum norms and standards for registration and subsidisation, is inevitably profoundly limited. Relatively few of the ECD centres which succeed in being registered and subsidized are located in the poorest and most deprived areas, despite government's declared commitment to targeting children from such communities (Western Cape Department of Social Development, 2009b).

The growing trend towards marketization directly undermines the guiding principles of access and equity as set out by the NIPECD. This is the case for two reasons. Firstly, the market model is underpinned by neo-liberal values, assumptions and beliefs, such as competition, individualism and the idea that inequality is both inevitable and beneficial. Universalising values like access and equity are in direct conflict with such a world view. Secondly, principles of access and equity are difficult, if not impossible, to achieve through the market because the financial resources of parents and caregivers largely determine access to these services. Government's unwillingness to fully fund the fees of the poorest and most vulnerable children

⁴³ As previously mentioned, the marketisation of ECD began in the 1980s under the apartheid government. Government policies since 1994 have built on this to further extend and expand the role of the market.

means that the vast majority of these children are prevented from accessing centre-based ECD programmes. Moreover, government's unwillingness to grant conditional registration and conditional funding to assist ECD centres in the poorest and most deprived communities means that the vast majority will continue to fail to meet the minimum norms and standards for registration and subsidization. As a consequence, while many parents and caregivers within the poorest and most deprived communities are unable to afford the fees at ECD centres altogether, others have to content themselves with deeply inadequate service provision. As government itself notes 'the laissez-faire replication of this model in disadvantaged communities without sufficient funding and support results in questionable provisioning' (Department of Education 2001 in Berg 2008:24-25). ECD is therefore marked by gross inequalities which government has itself amplified through the adoption of neo-liberal approaches to ECD.

Furthermore, government has often been pre-occupied with issues of 'quality' of ECD programmes at formal ECD centres. However, the influence of neo-liberal discourses has meant that 'quality' is too often narrowly interpreted as 'efficiency'. As a result, rather than focusing on the actual quality of the services which children receive, the emphasis often tends to be on economic cost. Huge variations in the quality of the services which young children receive continue to persist. As we have seen, attempts to improve the quality of centre-based ECD programmes by increasing the number of trained and qualified practitioners, as well as the number of registered and subsidised ECD centres, have done little to level the playing field. In addition, efforts to regulate, monitor, and evaluate the quality of centre-based ECD programmes are weak and lack proper force. The 2006 Guidelines were supposed to determine the preferred level of practitioners' qualifications, however these are merely guidelines and as such cannot be enforced within the private sector. In addition where regulations have been introduced which do have legal status (e.g. the Children's Act as amended) government lacks the resources to ensure and enforce compliance (Western Cape Department of Social Development, 2009a:1).

Efforts to improve quality are hindered both by government's dependence on the private sector and by its unwillingness to properly locate ECD in the public sector, as a result of its commitment to a neo-liberal agenda. Minimal regulation reflects the

belief that the 'free market' (a market unhindered by legislation and government intervention) will, if left to its own devices, naturally deliver quality. Government's commitment to neo-liberalism has also contributed to a failure to sufficiently fund the public sector, in ways that seriously impact on the state's ability to properly regulate, monitor and evaluate the quality of ECD programmes. For instance, in 2007 the Children's Act as amended made the Department of Social Development responsible for monitoring the 'quality' of ECD programmes. However, this Department lacks the human resource capacity to do this (Western Cape Department of Social Development, 2009a). Likewise, to systematically raise quality across the sector would require government investment in infrastructure (to comply with registration requirements), the funding of a full-scale training programme for ECD practitioners, as well as a commitment to pay the salaries of these practitioners after training, as in the case of Grade R practitioners. In the absence of such commitments, the quality of ECD services and programmes will remain highly variable. In particular, as Pascal and Lewis (in Berg 2008:90) note, 'without government intervention, quality ECD ... will [continue to] belong to the better off'.

3.3.2 CHILD DEVELOPMENTAL PSYCHOLOGY, 'DEVELOPMENTAL TRUTHS' AND ECD

Neo-liberal approaches to early childhood development and early human capital formation are underpinned by child developmental psychology discourses and practices. The latter define the norms and standards against which children are measured at various ages and stages. In common with neo-liberalism and the early human capital model, developmental psychology discourses focus over-narrowly on cognitive development via formal education programmes. Like neo-liberalism, these developmental discourses have played key roles in shaping ECD in post apartheid South Africa. As we have seen ECD in South Africa since 1994 has been developed primarily as a means to prepare children for formal education. This is guided in turn by the idea that children must meet certain norms and standards at certain ages. The clearest example of this approach is the formulation of the National Early Learning Development Standards (NELDS) by the Department of Education. The NELDS dictates a range of age-specific norms for the learning and development of young children.

Child developmental psychology discourses are heavily influenced by the work of Jean Piaget (1896-1980). Piaget was a Swiss developmental psychologist and philosopher most known for his studies with children. Piaget tested the hypothesis that children's cognitive development (memory, cognition etc.) occurs at distinct phases and stages. The use of controlled experiments, under almost laboratory conditions, allowed skilled psychologists under Piaget's supervision to observe the cognitive abilities of large numbers of children of differing ages by prescribing a set of tasks and activities for these children to perform at given ages and stages. The statistical data gathered from this process was used to reduce children's experiences into abstract laws and formulas, from which Piaget then constructed a set of developmental norms. Developmental norms were defined as standards by which the progress of a child's development could be measured at distinct phases and stages. Piaget concluded that there were four different stages in the cognitive development of children: (i) the sensory motor stage (0 to 2 years); (ii) the pre-operational stage (2 to 7 years); (iii) the concrete operational stage (7 to 11 years), and; (iv) the formal operations stage (11 years onwards) (Cherry, 2008).

There have been many theoretical and methodological criticisms of Piagetian theory (Archard 1993, Jenks 2004, Rose 1990, and Woodhead 2006). The most important as regards this dissertation are firstly those which emphasise the way in which Piaget's work was underpinned by mono-cultural and universalising assumptions about childhood, secondly those which critique the central role of science in establishing 'developmental truths' as regards children's development, and thirdly those which emphasise the ways in which child developmental psychology tends to lead to an over-reliance on scientific knowledge and the role of the 'expert'.

Firstly, as many critics have observed Piaget's theory was based solely on studies of the experiences of children in Switzerland, Europe. This focus on a single or mono-cultural environment meant that there was a severe lack of cross-cultural evidence to support his theory that developmental norms presented an exact picture of what was *normal* development for *any* child at a given age/stage. Indeed, Piaget's theory is full of culturally-specific values, beliefs and assumptions about what is deemed 'desirable' in white middle-class Euro-Western contexts (Woodhead, 2006). These include, for example, the role played by adults in children's development, the

availability of resources (such as books and puzzles) and the value placed on independence. While these culturally valued attributes are deemed important in particular Minority Western contexts, there is major debate concerning their applicability and compatibility when applied to different contexts with different prevailing cultural values, beliefs and practices. As Gielen and Roopnarine (2004:xiii) maintain, a comprehensive understanding of childhood development requires 'a contextual approach in which cultural factors play a prominent role'. As these authors suggest the culture children inhabit generates a range of divergent practices and expectations for their development.

Furthermore, Archard (in Smith and Hart, 2002:81) asserts that Piaget's ideal of child/adult cognitive competence is 'a peculiar Western philosophical one. The goal of cognitive development is an ability to think about the world with the concepts and principles of Western logic'. Indeed, Piaget's theory of cognitive development is informed by a narrow range of Western culturally-specific values, beliefs and practices that homogenise children and which make little allowance for cultural diversity and different child-rearing practices (Woodhead, 2006). For instance, indigenous African pedagogy derives from a different set of concepts, principles and practices that are embedded in family traditions, daily routines and community life. This form of 'public education' places emphasis upon 'practical' rather than 'instrument-based' assessments of intelligence and values social intelligence over other forms of intelligence (Pence and Nsamenang, 2008). Thus, the way in which indigenous African families transfer beliefs, values and knowledge, as well as a range of skills through generations, is very different from those found in Euro-Western societies, where emphasis is placed on institutional educational settings and encyclopaedic forms of intelligence (Pence and Nsamenang, 2008).

Extending on this, Woodhead (2006) raises concerns about child developmental psychology discourses more generally and argues that developmental norms have too often been universalised to account for the 'normal' developing child in both Minority and Majority world contexts. One clear sign of this is the sheer lack of research on children in Majority world contexts. As Pence and Nsamenang (2008:14) remind us 'only a little more than 10% of the world's children live in the developed countries of Europe, North America and other European outposts ... yet the research

is heavily concentrated on children from those places'. Research on child developmental psychology has, in other words, largely ignored the majority of children in the world and the cultural and social contexts in which they develop. Despite substantial cross-cultural evidence to support the idea that children's cognitive development occurs through a range of divergent practices and experiences, the dearth of published studies that draw on cultural and contextual diversity in the study of child development is most notable. As New (in MacNaughton, 2005) reveals less than ten per cent of published studies of child development in professional child development journals are concerned with children from culturally and linguistically diverse backgrounds.

Studies of the Minority world therefore dominate the focus of early childhood research and this has promoted certain understandings of the child and early childhood development, most notably through child developmental psychology discourses. Despite this narrow focus, research in the field of child developmental psychology has been one of the greatest influences shaping ECD policy and practice in both the Minority and Majority worlds (Woodhead, 2006). Of paramount concern for Pence and Nsamenang (2008:18) is the 'unconscionable imbalance of research activity, topic identification, funding, and publication in favour of the Minority World to the neglect of the Majority'. Despite their Minority-world focus and bias, child developmental psychology discourses have come to be seen as universal, normal and desirable ways to think, act and feel about children and early childhood development.

Secondly, critics have argued that child developmental psychologists regard science as the way to get at the 'truth' in understanding early childhood 'development' (MacNaughton, 2005). These 'developmental truths' derive from the construction of developmental norms, such as those developed by Piaget through his many experiments on children of differing ages. Woodhead (2006:17) argues that 'for early childhood experts rooted in Western cultural traditions and values, these phases and stages are taken-for-granted truths about early development'. From a positivist view of the world, science is seen as the way to get at 'truth', to understand the world well enough so that we might predict and control it. Indeed, as MacNaughton (2003:19) notes 'internationally, early childhood policy, curriculum and training documents

demonstrate persistently this close link between [these] developmental truths of the child and early childhood pedagogy’.

Child developmental psychology has informed ECD policy and practice (in South Africa and across the globe) in such a way as to generate a set of ‘developmental truths’ about what is ‘normal’ development and what is not. This is akin to what Michel Foucault terms a ‘regime of truth’, that is, the construction of a set of truths within a given field that generates an authoritative consensus about what needs to be done in that field and how it should be done. Applying Foucault’s perspectives to the study of ECD, MacNaughton (2005:21) concludes that ‘developmental psychology discourses (e.g. about normal development, domains of development, developmental stages and causes of development) form a regime of truth that governs the normal and desirable ways to think, act and feel about young children in early childhood institutions’.

A comparative analysis of ECD policies from Ghana, Namibia, Mauritius and South Africa (Sub-Saharan African countries) reveal that significant value is attached by each of these governments to Euro-Western models of ECD which are underpinned by developmental principles and practices, and thus informed by ‘developmental norms’ and ‘truths’.⁴⁴ However, as MacNaughton (2005:22) quite rightly points out ‘child development norms have been developed by studying white, middle-class children and so children outside these categories may well fail to meet the norms’. Significant numbers of children in Sub-Saharan Africa (SSA) do indeed fail to meet these norms, which homogenise children and make little allowance either for individual differences, or for the cultural and social contexts in which they develop. SSA is home to more than 130 million children under the age of six, of which an estimated 65% suffer from two or more types of deprivation (Garcia et al 2008:2). As this figure confirms more than half of SSA’s children suffer from multiple adversities including poverty, orphanhood, maltreatment, malnutrition, malaria, stunted growth, preventable diseases and HIV/AIDS.

⁴⁴ I carried out this comparative analysis by examining the ECD policies from each of these countries.

There is a plethora of evidence to substantiate that these adversities inhibit early human development and adversely effect the well-being of millions of young children in SSA (Dawes and Ward 2008, World Health Organisation 2005; UNICEF 2006). Not surprisingly, the majority of these children fail to meet universal developmental norms. For instance, primary completion rates in SSA (based on national data from 47 countries) stands at 58 percent which is far lower than the 74-96 percent in other developing regions (UNESCO, 2006). Moreover, more children in SSA 'repeat primary grades than in all other regions except Latin America and the Caribbean' (Garcia et al, 2008:24). Indeed, as we have already noted, the NIPECD acknowledges this within the South Africa context, noting that 'children raised in poor families are most at risk for ... poor adjustment to school, increased repetition and dropout rates (Departments of Education, Health and Social Development, 2005:3). Despite this recognition, many children in South Africa are required to repeat primary grades because they are unable to meet the desired 'developmental norms', norms which fail to take account of the cultural or social contexts within which their development occurs.

Thirdly, the influence of child developmental psychology and its dependence on scientific knowledge has in turn led to an over-emphasis on the role of the 'expert'. Within the current South African context child developmental psychology discourses have formed a 'regime of truth' within the field of ECD. This has generated an authoritative consensus amongst government officials, academics and professionals, who tend to assume that they are best placed to define the goals, models and standards that inform ECD policy and practice. This is problematic on at least three counts. The first is the failure to act democratically, the second is the way in which this approach deepens unequal power relations, and the third is that it means that far too little attention is given to local cultural and social contexts and so to cultural diversity.

First, the Constitution provides the framework for the construction of 'a society based on democratic values, social justice and fundamental human rights' (Republic of South Africa, 1996). The participation of children and adults in the design and implementation of programmes that aim to improve the 'quality' of their lives ought to be an inherent feature of democracy. Indeed, a strong emphasis on community

consultation and participation was reflected in the post-apartheid government's early thinking about ECD policy development and in particular in the White Paper for Social Welfare (1997). Despite this, government has increasingly monopolised the right to determine the direction of ECD policy. While I would agree with Moss (2009:44) that 'democratically elected governments should [not] surrender all claims to determine the broad direction of policy' - since it is necessary to have clear national frameworks - I would nevertheless argue that government should not abandon the guiding principle of democracy as expressed in the White Paper for Social Welfare.

In arguing for more democratic and inclusive approaches, or rather, what Gibson-Graham (in Moss, 2009:66) terms 'a politics of collective action', there is an urgent need for government to implement inclusionary practices to work collaboratively with civil society. While there is the potential to develop inclusionary practices that promote participation by a broad range of stakeholders, this was not the approach adopted by government officials, at the national level, in formulating the NIPECD. On the contrary, government officials did not facilitate a participatory process to create an opportunity for a broad range of stakeholders, including 'vulnerable' children and adults, to input into the major decisions regarding the setting of goals, models and standards for ECD provision. Not only is it undemocratic and unjust to exclude a broad range of stakeholders, including the target beneficiaries (vulnerable children and their families) from the institutional decision-making process, but it is a form of social control which determines who may access what services. Indeed, the fact that government chose to pursue a neo-liberal, market model which focuses heavily on the provision of fee-based ECD programmes through formal centres, has inevitably determined who can access these services – primarily those in the upper and middle socio-economic groups. Although some concessions have been made to enable those in the lower socio-economic group (the poorest and most vulnerable children and their families) to access alternative home- and community-based ECD programmes, these have been seriously curtailed due to a lack of sufficient government commitment and funding.

Second, the tendency to negatively portray children and adults as 'vulnerable' has all too often deepened the already unequal power relationships between government

and civil society. The term 'vulnerable children' has been used by government to effectively deny children and their parents/caregivers the opportunity to exercise their constitutional rights to actively participate in the institutional decision-making processes. This is because it is assumed that the 'vulnerable' lack the capacity to think and speak for themselves. Yet in the absence of proper participatory processes which listens to, and takes note of, the views of these 'vulnerable' groups, the 'experts' who dominate the ECD policy-making process will continue to lack the necessary in-depth knowledge and understanding of the complexities and contradictions involved in the delivery of a range of 'high quality' ECD programmes for 'vulnerable children'. The lack of clarity on the provision of home- and community-based ECD programmes is just one example of this, whereby government experts reduce alternatives to small points of policy detail and ignore their potential because they have a limited understanding of how they operate. For instance, the Mother-Child programme is the only home/community based ECD programme outlined in the NIPECD. Yet, vagueness besets this programme and the way in which it is to deliver a range of 'primary services' to ensure positive health, educational and social outcomes for the poorest and most vulnerable children at the household and community levels.

Furthermore, government has facilitated an authoritative consensus by choosing to work exclusively with academics and ECD NPO leaders, and by failing to consult children, their families and communities. The relationships between these professionals and vulnerable children and their parents/caregivers are consequently all too often similarly characterized by inequalities of power. Indeed it is apparent that many of the professionals within this field share the same values, beliefs and assumptions as government, as regards whose knowledge and perspectives are given legitimacy. The hegemony that results from such beliefs and practices serves to distance professionals and government officials from those whom they serve and further limits the possibility of adopting more democratic and inclusionary practices that value the voices and real concerns of children and families living in poverty.

Vulnerable children and their families have for example been excluded from much of the government-funded academic research carried out in this field. Instead this research is often based on a narrow positivist approach (evidence-based policy) and

is once again conducted by a dominant class of 'experts' within the field of child developmental psychology. The belief that these 'experts' are best placed to define 'quality' and 'standards' for ECD provision draws on a mutual understanding and acceptance between government and academics as to the 'universal developmental truths' about what is 'normal' development for any child at given ages and stages. This has meant the neglect of a more democratic, contextualised and pluralist research in the area of ECD. Moss (2009:57) identifies the need to bridge the gap between exclusionary and inclusionary research approaches, stating that 'a more inclusive view of research would not exclude academics, nor ignore their particular expertise: but it would include and value the participation of others, including educators, parents, children and the wider citizenry'. Despite the potential identified by Moss to conduct research in a participatory and inclusionary manner, government has not relinquished the role of the 'expert' and research too often continues to be dominated by exclusionary practices.

In a similar manner, in conceptualising home- and community-based ECD programmes, ECD NPO professionals largely fail to implement inclusionary practices that promote the involvement of 'vulnerable' children, families and communities in the decision-making process, other than in ways that can, at best, be described as marginal or tokenistic. Instead, these professionals have, for the most part, taken it upon themselves to conceptualise models for home- and community-based ECD programmes. As a result too little attention is given to local context and so to social and cultural diversity. Thus, contrary to the NIPECD in which government acknowledges the importance of children's health, nutrition, psychosocial and environmental factors (via access to social security grants, adequate shelter, safe and sufficient water etc.), there is little evidence to suggest that these are the primary focus of home- and community-based ECD programmes. Instead these programmes have a strong 'educational' focus. As Hornby (2008:93) notes, professionals within the ECD NPO sector are 'challenged to become more developmental and transform their practice from a narrow education view to a more integrated social development paradigm'. The failure to do this has meant that many professionals within the ECD NPO sector continue to have a very narrow educational view and their focus is too

often on educating the child in isolation of the context in which he/she lives.⁴⁵ Furthermore, the educational component of these programmes is underpinned by developmental principles and practices which originate in the Western world and their application in South Africa therefore limits the possibility for children's development to occur through a range of divergent practices and experiences that are more socially and culturally appropriate.

Government and professionals also fail to adequately address the effects of poverty, malnutrition and other adversities on young children and the devastating and enduring impact these have on children's cognitive, emotional, social and physical development. If children and adults were involved in the decision-making processes, it seems likely that access to basic resources (particularly nutrition), services (adequate housing, safe and sufficient water and electricity) and social security grants would be primary issues and would constitute the focus of home- and community-based ECD programmes. The failure to adopt inclusionary practices is a form of social exclusion and social control which allows government and professionals to detract attention away from the urgent need to meet the fundamental human rights of the poorest and most vulnerable children.

⁴⁵ As previously mentioned, during the apartheid era the ECD NPO sector focused largely on educational interventions through the adoption of 'educare'.

PART FOUR: HOW DEVELOPMENTS AT NATIONAL LEVEL SINCE 1994 HAVE SHAPED ECD PROVISIONING IN THE CASE OF THE WESTERN CAPE PROVINCE

In part four I examine the ways in which developments in ECD policy since 1994 at the national level have shaped ECD provisioning in the case of the Western Cape province. In this part I draw upon an analysis of provincial government documents and reports and also on the interviews conducted as part of the research for this dissertation. A list of the key informants who were interviewed and the sample frames from which they were drawn can be seen in Table Six.

TABLE SIX: LIST OF KEY INFORMANTS INTERVIEWED

KEY INFORMANTS	SAMPLE FRAME	DESCRIPTION
Key informants 1 - 3	One	Senior government officials from the Provincial Government of the Western Cape, Department of Social Development (PGWC DoSD).
Key informants 4 - 9	Two	Social workers from the Department of Social Development's (DoSD) district offices in the Western Cape province.
Key informants 10- 15	Three	Personnel from Early Childhood Development, Non-profit Organisations (ECD NPOs) within the Western Cape province.
Key informants 16 - 17	Four	Researchers who carry out research in the field of ECD, specifically in the Western Cape province.

3.4 ECD AND THE WESTERN CAPE

The Western Cape is one of nine provinces that make up the Republic of South Africa. It is situated in the south-western part of the country and is the southernmost part of the African continent. The province is home to approximately 5.3 million inhabitants who come from varying cultural, racial, linguistic and religious backgrounds (Statistics South Africa, 2007). Due to historical factors, the Western

Cape is the only province where black Africans are not the majority population group. Coloureds represent the largest population group (50.2%), followed by black Africans (30.1%), whites (18.4%) and Indians/Asians (1.3%) (Statistics South Africa, 2007). Of the 462,300 children between birth and four years in the Western Cape province (Statistics South Africa, 2006), approximately 36.1% live below the poverty line (less than R1,200 per month) and 18% of children live in households that are 'ultrapoor' (less than R800 per month) (Monson et al, 2006).

The Western Cape province presents a good case study for this dissertation because it is one of the most committed provincial governments in the country as regards to the development of ECD services and programmes. Considerable progress has been made in this area. This can be seen in a number of ways. Firstly, the Provincial Government of the Western Cape (PGWC), Department of Social Development (DoSD) is characterized by considerable commitment and political will as regards ECD. Indeed, the *Strategic Framework for Provincial Integrated ECD Provision – 2005 - 2014* (Strategic Framework) was developed by the PGWC DoSD even before national government had formulated the NIPECD.⁴⁶ As key informant two explains,

[The Strategic Framework] came slightly before, one thing we have learned from our national department they are not particularly fast, they do not work at the speed of lightning and very often you have a provincial MEC who elevates an area of operation and wants to expedite it, in that case we had a provincial MEC who talked to her counterparts in education and health and they decided this is what they wanted to see. So it does precede the national framework.

The PGWC DoSD has also responded positively towards the NIPECD. As key informant twelve comments, "I can say that in the Western Cape there is that whole drive and there is the commitment and political will to implement the National Integrated Plan". Evidence of this can be seen in the fact that the current MEC has recently embarked on a review of ECD in the province with a view, as key informant two explains, to "upgrading what is currently a sub-directorate to a directorate for

⁴⁶ The Strategic Framework for Integrated Provincial ECD provision (2005-2014) is the provincial policy document governing ECD service provision in the Western Cape province. While the Strategic Framework was formulated prior to the NIPECD, the value premise and ideological orientations underlying the policy objectives, are consistent with the NIPECD.

early childhood development". In addition the PGWC DoSD is only one of two provinces in South Africa which has earmarked funding for formal ECD programmes (Budlender and Proudlock 2010) and one of only three provinces to have made positive strides in the delivery of home- and community-based ECD programmes. As Budlender (2010:10) notes, 'apart from funding of toy libraries by North West province, it is only Western Cape and Gauteng that have funded some home- and community-based ECD provision'. As key informant seventeen acknowledges "this province is making big efforts to try and expand the home and community side of things; it stands head and shoulders above the other provinces".

The Department has also secured additional funds from the provincial legislature to assist ECD facilities in poor and deprived communities to upgrade their facilities by making the necessary infrastructural improvements to ensure their compliance with the minimum norms and standards (as set out in the Children's Act as amended) for registration and subsidisation. Furthermore, as key informant one notes, Departmental personnel have been innovative in securing funds from alternative sources, such as the Principality of Monaco. These funds have been used to build enrichment centres⁴⁷ and to increase access to registered and subsidised ECD facilities for the poorest and most vulnerable children in the province.

Despite the commitment and progress made by the PGWC DoSD in the field of ECD the research for this dissertation reveals that there are still many profound challenges and problems. In particular, efforts to reach the poorest and most vulnerable children and to better meet their needs are repeatedly undermined by factors such as insufficient government funding, a lack of co-ordination between the Departments of Education, Health and Social Development, an inadequate human resource capacity, and the numerous constraints imposed by the current legislative and regulatory frameworks. As we will see the challenges and problems faced by the PGWC DoSD speak directly to many of the fundamental weaknesses in the national framework governing ECD service provision discussed in parts two and three of this chapter. I will look first at the challenges posed by insufficient government funding, secondly, at the challenges as regards home- and community-based ECD

⁴⁷ These enrichment centres facilitate access to formal ECD programmes as well as other services such as toy libraries, soup kitchens and health visitors.

programmes and thirdly, at the challenges as regards formal centre-based ECD programmes.

3.4.1 FINANCIAL CHALLENGES FACED BY THE PGWC DOSD IN IMPLEMENTING THE NIPECD

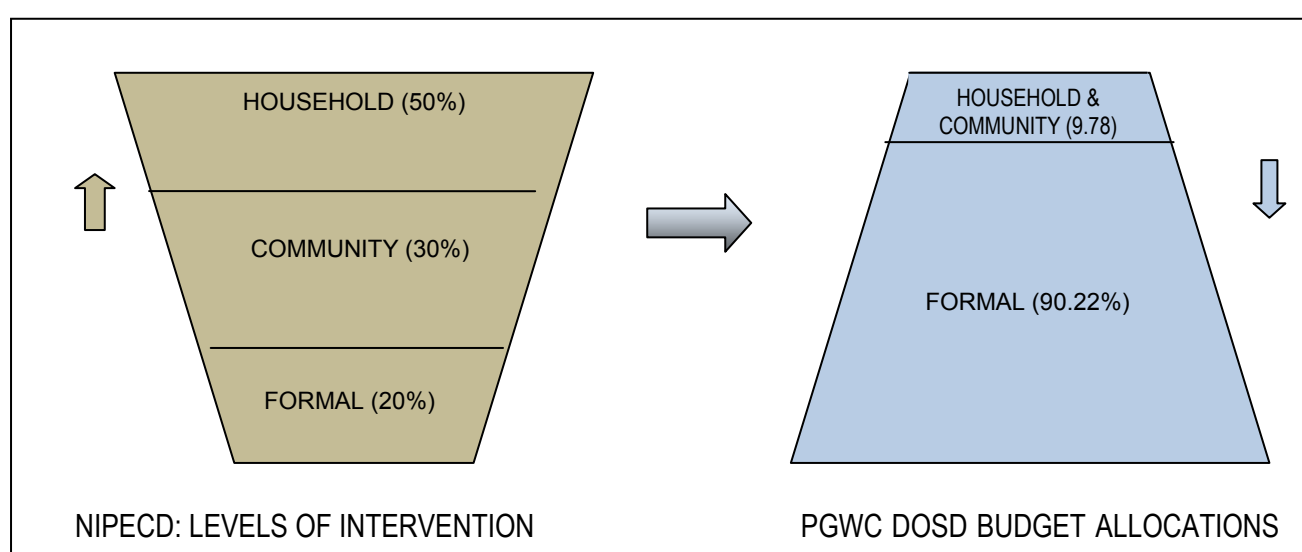
At the national level the National Treasury does not allocate conditional funding⁴⁸ for ECD service provision. Instead, it makes financial resources available to each provincial legislature for spending on social welfare more broadly. Each province is then left to make its own decisions about how much of this social welfare budget will be spent on ECD. In the case of the Western Cape, as key informant one explains, “ECD is part of the child care and protection budget, so there is no specific budget in any of the official documents that speaks to the ECD budget”. This immediately raises the question as to whether or not the provincial Department has sufficient human and financial resources to ensure ECD plans and policies are implemented. The evidence suggests not. In 2009 for example, the PGWC DoSD reported a shortfall of R3.1 million in its ECD budget (Western Cape Department of Social Development, 2009c:17). There are also insufficient human resources. For instance the ECD sub-directorate within the PGWC DoSD has just seven staff members, of whom only four are in permanent posts. Of the remaining staff, one is in a contract post and two are in temporary posts funded through the EPWP-ECD programme. Furthermore, a plan to roll out dedicated ECD Units in every local DoSD District Office within the province failed to materialise ‘due to a shortage of funds’ (Western Cape Department of Social Development, 2009a:1).

There are also issues to be raised about how the PGWC DoSD budget is spent on ECD. As we have seen, the NIPECD makes a formal commitment to prioritising home- and community-based ECD programmes. Although the Western Cape’s Strategic Framework shares this commitment, the budget allocation is seriously skewed in favour of formal ECD programmes. In 2010/11, for instance, the PGWC DoSD’s budget allocation stood at R199, 3m of which R179, 8m was earmarked for formal ECD programmes, and just R19, 5m for home- and community-based ECD

⁴⁸ Conditional funding refers to the funds made available by the National Treasury for specific programmes. The National Treasury applies strict conditions when distributing conditional funding. For instance, provincial departments are required to spend the allocated funds for the specified purpose only.

programmes. The budget allocation at the formal level of intervention therefore accounts for 90.22% of the total budget allocation for ECD service provision, with a mere 9.78% allocated for the delivery of ECD programmes at the household and community levels. Figure Five illustrates the percentage of services and programmes to be delivered at the three levels of intervention as outlined in the NIPECD, and contrasts this with the 2010/11 budget allocation by the PGWC DoSD for these three levels of intervention.

FIGURE FIVE: THE NIPECD'S THREE LEVELS OF INTERVENTION AND PGWC DOSD'S BUDGET ALLOCATIONS FOR 2010/11



As this illustrates, the way in which the PGWC DoSD ECD budget is allocated and spent turns the NIPECD's triangle for levels of ECD intervention on its head. The PGWC DoSD faces tremendous challenges in reversing this situation. The current budget allocation for home- and community-based ECD programmes stands at 19, 5m which is just 9.78% of the full budget and therefore falls far short of realising the NIPECD's aim that 80% of ECD interventions should be at the household and community levels. These home- and community-based ECD programmes would be most beneficial for the 40% of children within the province who are living in dire poverty (Budlender, 2007). Despite this inadequate funding, existing home- and community-based ECD programmes are nevertheless fully subsidised by the PGWC DoSD, making them highly accessible to vulnerable children and families in deprived communities. However, due to the inadequate financial resources there is limited

availability of home- and community-based ECD programmes. This means that the needs of the poorest and most vulnerable children, who are often also excluded from formal ECD programmes within the province, remain largely unmet. As key informant one confirms,

There is difficulty in fully implementing [home- and community-based ECD programmes] in terms of financial resources and so on and getting the triangle reversed.

One of the key reasons why it is so difficult to get 'the triangle reversed' is that so much pressure is placed on the provincial government to meet national government priorities. In the case of ECD the priority or 'flagship' programme is the EPWP-ECD. This programme is underpinned by the objectives set out in national government's concept document, entitled the 'Massification of ECD', which aims to rapidly expand formal ECD service provision as well as APEX Priority Project 11, which seeks to 'ratchet up implementation of ECD programmes through the acceleration of registered ECD sites and the training of ECD practitioners (Department of Social Development, 2008). As a result the bulk of the PGWC DoSD budget has been earmarked funding for the EPWP-ECD programme rather than for ECD per se. As key informant one explains,

We have started with the earmarked funding and that was initially more about the EPWP part of it, not that it is a different budget, but they wanted to earmark it to be sure.

The use of the phrase 'they wanted to earmark it to be sure' signifies the importance which the provincial legislature attaches to making certain that it meets national government targets for the EPWP-ECD. These national government targets are met by reducing unemployment (via the formal and informal ECD sector) and by increasing the number of trained ECD practitioners, as well as the number of formal ECD centres that are registered and subsidised. The PGWC DoSD has to work within these constraints. As key informant fourteen explains, the emphasis on the EPWP-ECD programme means that,

At the broadest level children are undervalued, the emphasis is at the other end of school, tertiary and skills for jobs, so even money that is coming for ECD is often around skills development for adults in ways that do not filter down to children.

3.4.2 CHALLENGES IN IMPLEMENTING THE NIPECD AS REGARDS HOME- AND COMMUNITY-BASED ECD PROGRAMMES

The priorities of the EPWP-ECD Programme also overly determine the spending of ECD funds at the home- and community level. A significant proportion of funds allocated for the delivery of home- and community-based ECD programmes are used for training unemployed adults to implement these programmes.⁴⁹ During 2010/11 the PGWC DoSD procured the services of a number of ECD NPOs to deliver a range of home- and community-based ECD programmes. Table Seven provides an overview of the core focus and costs of the programmes delivered by these service providers.

⁴⁹ The training of unemployed adults by organisations within the ECD NPO sector are either non-accredited or accredited. Some of the skills training programmes are accredited by the Education, Training and Development Practices – Sector Education and Training Authority (ETDP-SETA) and participants (unemployed adults) are awarded unit standards which can then be used towards a full qualification in ECD, Healthcare or Social Auxiliary Work.

TABLE SEVEN: HOME- AND COMMUNITY-BASED ECD PROGRAMMES
DELIVERED BY ECD NPOs ON BEHALF OF THE PGWC DoSD IN 2010/2011

DESCRIPTION OF SERVICE/PROGRAMME	COST OF ECD PROGRAMMES (RANDS)
*Family in Focus Programme aims to provide accredited skills training opportunities for unemployed adults, particularly women, so they may carry out home visits to provide support to, and improve caregivers' skills and knowledge to implement early learning activities with their children, and assisting caregivers to access social security grants and health services.	R 5, 928 697.00
**Playgroup Programme aims to train unemployed women as playgroup leaders to care and provide educational stimulation to children.	R 2, 135 783.00
*Family and Community Motivators Programme aims to train unemployed caregivers to support families and children in the home setting by working with caregivers to enhance the active learning capacity of babies and young children, as well assisting families to seek ways to identify and increase their access to resources (social security grants) and services (psychosocial programmes).	R 1, 245 244.00
**Resource Centres aims to provide support, resources and equipment to ECD facilities, communities and caregivers to support them in delivering effective ECD programmes/activities for young children.	R 4, 235 503.00
Parenting Workshops aim to improve the skills and understanding of caregivers in respect of FAS, substance abuse, parenting practices, health and HIV/AIDS.	R 371 136.00
Parenting Workshops in HIV/AIDS, first-aid, nutrition and early learning stimulation.	R 173 451.00
	R 14, 089 814.00

Source: Western Cape Department of Social Development, 2010c

The core focus of two (the ones marked *) of the six programmes are, first and foremost, central to the objectives of the EPWP-ECD programme, which aims to reduce unemployment and improve the skills base of unemployed adults. These programmes provide training for unemployed women who receive a stipend for delivering home- and community-based ECD programmes. Skills training is also a significant element of two of the other programmes (marked **). Furthermore, the educational component (early learning stimulation) takes precedence above all the other primary components outlined by the NIPECD. Consequently, there are insufficient funds to adequately address the other vital primary components -

immunisation, nutrition, referral services for health and social security grants and psychosocial programmes. Given that the NIPECD portrays home- and community-based ECD programmes as an effective vehicle for meeting the 'basic needs' of vulnerable young children between birth and four years, it is most worrying that cognitive development (via early learning stimulation) is the primary focus. I would argue that responding to the more serious issue of addressing young children's rights to food, water, sanitation, social security, health services and adequate shelter is a precondition for their emotional, physical, social and hence cognitive development.

Within the Western Cape black African and Coloured children are most affected by food poverty. This results in high levels of malnutrition and stunting; both of which conditions cause multiple functional disadvantages that may persist throughout childhood. Child malnutrition starts early in life, and the first two years are the most vulnerable. As Cogill (in Faber and Wenhold, 2007:394) notes, 'stunting does not change rapidly, and it may be irreversible in children older than two years'. Despite this the Department only contributed a nutritional stipend to one (Playgroup Programme) of the six home- and community-based ECD programmes delivered within the province in 2010/2011. Furthermore, the value of this nutritional stipend is insufficient to ensure the availability of a sufficient variety of nutritious foods (micronutrient-rich foods) to address childhood malnutrition.⁵⁰ Thus, while the nutritional stipend may provide children with 'bread and peanut butter' - which is better than no food at all - it clearly fails to act as a supplemental feeding programme to address childhood malnutrition. Supplemental feeding programmes for pregnant women, infants and young children should, in my view, be a core component of home- and community-based ECD programmes. This would ensure young children's nutritional needs are met, and especially from pre-birth to three years of age, when their brains are developing most rapidly.

Despite the fact that the NIPECD places an obligation on all Departments to ensure that the poorest and most vulnerable 'children have access to a daily balanced nutrition' it is evident that the PGWC DoSD falls seriously short of meeting this

⁵⁰ Faber and Wenhold (2007:393) suggest that strategies to address micronutrient malnutrition include vitamin A, iron, iodine and zinc supplementation and dietary diversification

requirement. Furthermore, there is little evidence to suggest that the key Departments are working together in the province to introduce strategies to meet the specific needs of children suffering from malnutrition and stunting. As key informant one notes,

We struggle with the Department of Health because they also have a big human resource problem, so the relationship is good but there is only one person available from their side. She is the Director and for her to attend all the meetings is difficult, she is all over the place.

Similarly, a lack of human resource capacity has also constrained efforts to implement strategies to adequately address immunisation. As key informant one again explains,

We have a good relationship [with personnel from the Department of Health] and with the Measles project they talked to us and how we could assist, but due to a lack of human resources it is not what it should be.

Within the PGWC DoSD itself, there is also a lack of collaboration between personnel from the different sub-directorates (ECD, HIV/AIDS, Disability and Substance Abuse), as regards the introduction of strategies to meet the special and specific needs of particular groups of children, including for example those with physical disabilities, incurable diseases, Fetal Alcohol Syndrome (FAS), those affected and infected by HIV and those from dysfunctional families who may suffer from physical and mental abuse. As key informant one explains

Some of them are more challenging than others, for example the children with physical disabilities and the incurable diseases. Although there are no real barriers in terms of them accessing the services you would find that in dealing with these children you would need additional resources and that we haven't been able to provide.

Likewise, no specific provision is made available for any of the other categories of children defined as 'vulnerable' by the NIPECD. Instead a complex range of children with very different needs are lumped together to receive home- and community-based ECD programmes that largely aim to help parents/caregivers develop their abilities to provide early learning stimulation to their children in the home setting.

This is problematic on two counts. First, unemployed adults who receive training to become fieldworkers and implement home-and-community based ECD programmes do not have the necessary knowledge or skills to facilitate interventions for the holistic development of infants and young children with physical disabilities, incurable diseases and FAS. Despite this, personnel within the ECD sub-directorate fail to work in partnership with the Disability sub-directorate to find out what services and interventions are available to allow for fieldworkers to make referrals. Second, fieldworkers are not trained to properly respond to the psychological problems that prevent or impede parents/caregivers from providing appropriate care and from stimulating and educating their children. If the ECD sub-directorate were to work collaboratively with the other three sub-directorates within their Department they could identify a range of service providers that offer psychological programmes to support these parents/caregivers. Due to this failure only one of the six home- and community-based ECD programmes (Family and Community Motivators Programme) assists families to access psychological programmes. Lack of collaboration both within the PGWC DoSD itself and with the Department of Health has meant that at the level of implementation the integrated approach to ECD, which is meant to deliver a package of services and programmes to meet the needs of young children and their families, is not being achieved.

Instead, the focus is on how to impose greater regulations on young children's lives via an increased focus on education in the early years. The PGWC DoSD's 'flagship' home- and community based ECD programme – Family in Focus (FIF) – does not advocate a child's right to enjoy the freedom from responsibility that ought to be integral to childhood, but rather emphasises the need to stimulate and educate young children in preparation for formal education. An evaluation of the FIF programme by Campbell highlights this educational focus. As one parent/caregiver noted,

We are now teaching them together [fieldworker and caregiver] and it is giving them an advantage before they go to school, making them ready for school because children their age don't actually know their colours and counting (Campbell, 2011:36).

While it is indeed true that many young children may not know their colours or how to count, the focus here is on academic forms of intelligence (e.g. mathematical literacy) which is most valued in Minority Western cultures. By contrast, no attention or value is given to indigenous black African pedagogy which derives from a different set of concepts, principles and practices and which values 'practical' over 'academic' intelligence and values social intelligence over other forms of intelligence (Pence and Nsamaneng, 2008). While children undoubtedly have a right to education (including academic forms of intelligence) to better prepare them for adult life, existing home- and community-based ECD programmes in the Western Cape fail to recognise their cultural rights, as well as their rights to physical, social and emotional well-being, despite the fact that these rights are recognised by the Constitution and are fundamental during infancy and early childhood.

This narrow focus on academic forms of education by organisations within the ECD NPO sector has also resulted in a failure to lobby the PGWC DoSD to provide funding to adequately address many of the other primary components outlined by the NIPECD. The 'flagship' FIF programme does not even have a nutritional component to ensure that the poorest 'children have access to a daily balanced nutrition', but instead focuses on assisting parents/caregivers to access social security grants. This is despite the fact that many adults/older siblings caring for young children do not have the necessary documents to obtain these grants, while for others, the process of accessing social security grants is long and arduous. Furthermore, no funds are made available to assist those who need to obtain enabling documents (Birth Certificates and Identity Documents), or for those who require transportation costs to and from local district offices of the South African Social Security Agency (SASSA). Moreover, even if these adults/older siblings are in receipt of social security grants these do not address the problems created by the lack of other basic services like adequate housing and access to safe and sufficient water, electricity and sanitation. Although referrals are made for families to access health services at local clinics (primarily for immunisation) the same transportation problems exists. Finally, there are no referrals to psychosocial programmes. The educational component of the FIF programme therefore takes precedence above all the other components outlined by the NIPECD. Worryingly, the same is true of all of the home- and community-based ECD programmes delivered in the Western Cape during 2010/11.

One of the other underlying factors why funds are skewed so heavily towards training and education is because the PGWC DoSD is heavily reliant on the ECD NPO sector. As key informant fourteen notes “government clearly hasn’t got capacity so they are calling on the NGOs to provide that capacity”. A mutual dependence and a close working relationship exists between the PGWC DoSD and the ECD NPOs. On the one hand, the PGWC DoSD does not have the human resource capacity to deliver ECD programmes, while on the other hand, many organisations within the ECD NPO sector rely heavily on government funding for their survival and sustainability. In addition the PGWC DoSD relies heavily on the knowledge and experience of leaders within the ECD NPO sector because government itself often lacks the necessary expertise. For example, reflecting on how the Strategic Framework (Provincial ECD Plan) was developed in the Western Cape, key informant three notes,

The Deputy Director of the Social Policy Formulation directorate was responsible for devising the Strategic Framework in partnership with her counterparts in the Departments of Education and Health. The Deputy Director worked closely with the Deputy Director of the ECD sub-directorate in devising the policy. A central priority for the Deputy Directors in devising the policy was to consult the ECD NPO sector within the province.

Indeed, the Deputy Directors even relied upon organisations within this sector to facilitate this consultation. This consultation took place early in 2005 at a meeting to which all the service providers (ECD NPOs as well as ECD facilities) were invited. As key informant thirteen explains,

Service providers have played a key role in the development of the Provincial Plan. The development of the Provincial Plan was looking at what were the challenges and where the focus should be. Key organizations that participated at the Provincial process were FCW, ELRU, CECD you know some of the organizations had to facilitate the commissions.

The ECD NPO sector has played a major role in shaping the provincial government’s ideas about the key challenges and strategic areas to be prioritised by the Strategic Framework. Commenting upon the role of the ECD NPO sector during the

consultative process key informant two explained, “We get great direction and strategic thinking and leadership from them”. Government officials pay close attention to the views of those within the ECD NPO sector and defer to their considerable experience and expertise. As key informant one comments, for example, “I have learnt, we have all learnt such a lot from the NPO sector because they have been in the sector for many, many, years”. However, as we have seen, the ECD NPO sector within this province has a long history, dating back to the 1970s, of prioritising training for adults and educational interventions for children (both in their work with formal ECD centres and via their home- and community-based ECD programmes). Given this, and the authority which ECD NPO leaders enjoy as regards the provincial government, it is perhaps unsurprising that training and education have acquired such emphasis within the Strategic Framework and as regards the implementation of the NIPECD in the Western Cape. While the close working relationship between government and the ECD NPO sector has had many benefits, it has also consequently had the effect of helping to further narrow the focus of ECD on education. In addition, the close working relationship between the PGWC and the ECD NPOs has also helped to engender the kind of ‘authoritative consensus’ discussed earlier. Rather than consult children, their families and communities directly, the PGWC DoSD instead tends to rely on the views of those within the ECD NPO sector and to assume that these professionals represent civil society.

The ECD NPO sector mostly fails to lobby the PGWC DoSD to provide funding to help meet the fundamental needs and constitutional rights of children (nutrition, water, shelter), as well as the rights of adult caregivers (fieldworkers) to a minimum level of income sufficient to meet the family’s basic subsistence needs. Previous research conducted by myself, for the Family in Focus Programme and the Playgroup Programme, reveals that this failure to sufficiently lobby government creates a number of fundamental problems.⁵¹ First, the ECD organisations rely on adults from the poorest and most deprived communities to implement these home- and community-based ECD programmes. However, they are either underpaid or

⁵¹ I have permission from the organisations concerned to use these reports and to draw on the research materials I gathered during the process. For the 2003 report I interviewed eight ECD NPO staff members, twelve fieldworkers and eight parents/caregivers across twelve sites (playgroups) in rural and urban areas. In the case of the 2011 report I interviewed ten ECD NPO staff members, twenty four fieldworkers and sixteen parents/caregivers in both rural and urban areas.

work entirely as unpaid volunteers. The FIF programme gives government-funded stipends to its fieldworkers (unemployed adults who are trained to deliver this programme). The value of these stipends (R1 000 to R1 250 per month) is inadequate and falls below the poverty line. Furthermore, the stipend is supposed to do more than just contribute to the basic needs of these fieldworkers (such as food, electricity and rent), it is also meant to assist with transportation and communication costs and other expenses related to the implementation of the programme. While the stipends do contribute to household income they are clearly insufficient to enable many fieldworkers to sustain their families indefinitely. This is despite the fact that the FIF programme is meant to be a poverty-reduction programme.

The situation in the Playgroup Programme is even worse because there the fieldworkers are treated as volunteers and receive no stipend whatsoever. This creates real pressures on the fieldworkers and it can also lead to disillusionment with the training process. As one fieldworker commented 'it is three years now persevering under these conditions ... we want something at the end of the month because we are educating children and we have our own problems' (Campbell, 2003:33). Another fieldworker had similar feelings, remarking that they blamed the organisation 'for not giving nothing, we have already trained but we are not getting anything ... I must stay here all day long on my own, they need to boost the playgroup leader and give something for the provision of my own children' (Campbell, 2003:33). Although many of these fieldworkers are inspired to volunteer by their strong sense of commitment to their communities, the concept of volunteering seems out of place in communities that are so badly affected by poverty. As a staff member from the organisation concerned acknowledges volunteerism 'is a very idealistic concept within the context. If we look at volunteerism within racial terms – it is a white community concept which was imported. These people have everything that they need and homes to go back to. They have resources and are able to give up their time' (Campbell, 2003:40).

Despite the fact that fieldworkers are either underpaid or unpaid, the ECD NPOs expect them to take on huge responsibilities and to work long hours in poor conditions. As one ECD NPO staff member remarks on the FIF programme,

We expect too much of our home visitors [fieldworkers] because they are in training, they have to do assignments, they have to do their work. We expect them to do home visiting, we expect them to speak to parents, network and also do their administration work. We give them a small stipend and we expect them to do this long list of work that needs to be done (Campbell, 2011:26-27).

There is also often a real mismatch between the official levels of work and the levels actually performed by fieldworkers. As key informant fifteen notes, “for the purpose of our work that we are doing with the DoSD ... they [fieldworkers] have to work with six to ten children in a safe place”. However the reality is very different, as the same key informant goes on to acknowledge,

Playgroups [fieldworkers] often find themselves with more than a hundred children in a playgroup because parents need to go and work then they also work all day, they actually start at six o clock and finish at seven o clock, and they are voluntary.

Both the FIF Programme and the Playgroup Programme clearly expect high levels of commitment from their fieldworkers, despite the fact that some of these fieldworkers are entirely unpaid and others are inadequately paid.

Perhaps not surprisingly, given this combination of overwork and underpay (or indeed no pay), the sustainability of these programmes is undermined. Both programmes are negatively affected by a high turnover among their fieldworkers. One of the reasons for this high turnover is inadequate pay, as well as the absence of pay. The economic circumstances of many fieldworkers dictate that they are unable to participate in these programmes on a long-term basis because they often have to find better paid employment to provide for their families. As one fieldworker commented ‘I am looking for a permanent job, as I am a single mother and I need to support my children’ (Campbell, 2003:40). Key informant fifteen also recognises this problem, noting that “some of the playgroups fail ... and if the playgroup leader finds work tomorrow they will go ... that is their first priority”. Although some of the ECD NPOs recognise the problems created by insufficient pay - for example in the FIF programme there has been talk of introducing incentives – not enough has been done (Campbell, 2011:28). As one ECD NPO staff member notes,

A number of home visitors [fieldworkers] are dropping out of the programme, their attitude is, if you are not appreciating what I do, I might as well not be in the programme and that is the message that is coming through very clearly 'there is not too much appreciation' we can talk affirmation and support but are we doing that? (Campbell, 2011:28)

The high turnover is costly to these organisations and negatively impacts on the sustainability and quality of these programmes. High turnover among the fieldworkers also undermines the ability to build sufficiently long-term and stable relationships with the children and their caregivers in these programmes.

Furthermore, the inadequate incomes and poor working conditions also make it difficult to recruit and retain sufficiently qualified and experienced fieldworkers. Yet, given the many socio-economic, emotional and psycho-social problems characterising children and their caregivers from the poorest and most deprived communities, fieldwork in these programmes is often complex and highly demanding. Although fieldworkers are often confronted with adverse and traumatic events experienced by children and their parents/caregivers, they are not trained social workers or counsellors. Neither are there sufficient psychosocial support services or basic counselling training to help fieldworkers develop the necessary skills and coping mechanisms to deal with the range of complex issues they face in a competent and skilful manner. (Campbell, 2011: 60). It is not only that, children and their parents/caregivers get inadequate services, the effects on fieldworkers can also be very distressing, as the example of one fieldworker who had to deal with a sexual abuse case illustrates,

The whole thing came out that the grandmother is scared of the uncle and he is abusing the girl and she is four [years old]. I was really traumatized and I did not know how to handle the situation because we were not trained on that, we were just trained that we should inform the social worker or the police, which I did, but still the trauma was still there (Campbell, 2011:43).

The overburdening of fieldworkers and the fact that they lack sufficient skills also seriously compromises the ability of home- and community-based ECD programmes to adequately address the wide-ranging needs of children and their

parents/caregivers. Indeed, many of these organisations are even unable to meet their own narrowly focused educational aims. For example, as key informant sixteen recognises,

Home-based interventions to address early stimulation we know if they work it is at least two years [fieldworkers intervention with families], it is at least once a week and it is quite highly skilled and it starts very early.

However, the conditions in which fieldworkers operate, and their relatively low levels of skill, make it difficult to achieve this level of intervention as regards early stimulation. For instance, the FIF Programme trains unemployed women as fieldworkers to deliver home- and community-based ECD programmes. These fieldworkers attend an accredited training programme over a six-month period (one week per month). However as key informant sixteen concedes, “six weeks is nothing”. Fieldworkers also receive insufficient support and mentoring after completing this six week training programme. As a staff member of this organisation notes, support and mentoring,

... falls off the plate which becomes a problem when you want quality work of the programme, then you don't see the quality because you train, then there is a gap [before you see the fieldworkers again], then you come out to support and monitor and then by the time you come back again you'll find the people [fieldworkers] have relaxed and become lazy, because there has not been that connection all the time (Campbell, 2011:22).

The support and monitoring component of the FIF programme is inconsistent due to a lack of human resources, human resource capacity (skills, knowledge and time constraints) and the absence of effective monitoring and evaluation systems. Consequently, support and monitoring is implemented on an ad hoc basis and in many instances fieldworkers are not receiving the level of support and mentoring necessary to deliver quality early learning stimulation programmes during home visits (Campbell, 2011:60).

This situation is made worse by the fact that fieldworkers are responsible for too many families. According to key informant thirteen, fieldworkers (home-visitors) are required to work with no less than “thirty-five families” per week. As a result they “do

not see them every week”. In reality, moreover, fieldworkers are often required to work with many more families than this and consequently they often cannot work with them on a one-to-one basis, but have to resort to group meetings. As one fieldworker reveals,

I have 57 [families], and I see them in groups, it is easier to work in groups with the parents. Five to ten or sometimes more, fifteen. I am asking if I can use someone's house. For half an hour to an hour (Campbell, 2011:40).

This situation clearly undermines the ability of many fieldworkers to make significant gains in terms of early learning stimulation. As a manager of one set of fieldworkers notes,

I believe working with four families [per day] and spending quality time we are going to see the difference. But when you work with 65 families per month, it is too much so they have to draw them into group ... The home visits need to be one on one, then they can give personal attention to the ECD needs of families (Campbell, 2011:40).

This suggests that while considerable emphasis is placed on the number of caregivers and children reached by fieldworkers, much less emphasis is placed on the quality of the service that is then delivered. Fieldworkers who receive a six week training programme and who work with up to ten families a day are unlikely to have the necessary skills, knowledge and time to make a difference to parenting practices in ways which will have positive developmental outcomes for children. Furthermore they also often lack the necessary educational resources. As one FIF fieldworker notes ‘It is a loss that we don't have educational equipment, because if you want to stimulate the child and make the child ready for school you must have puzzles and colours and shapes and stuff like that’ (Campbell, 2011:33). This lack of resources exists despite the commitment made by the NIPECD to provide fieldworkers with a stimulation “starter kit”. Moreover, as the following statement reveals, this over-emphasis on quantity over quality has been acknowledged by the management of the FIF programme,

At the moment it is all about numbers, numbers, numbers, they are reaching so many families and reaching so many children.

This emphasis on quantity over quality arises because the organisation has to meet targets set out in the funding agreement with the PGWC DoSD. Continuous funding is dependent on whether the organisation can successfully reach the target number of caregivers and children. The PGWC DoSD is, in turn, under pressure from national government to increase access to home- and community-based ECD programmes for vulnerable children and their families.

Problems are also created because the FIF Programme and the Playgroup Programme are both premised on the belief that parents are the primary educators of their children (Campbell, 2003:35 and 2011:7). However, these organisations largely overlook the many barriers (mental, physical and material) that prevent or impede parents/caregivers from providing appropriate care and from stimulating and educating their children. Many parents/caregivers are for example understandably distracted from such tasks by the challenges of earning a living and providing for their families' most basic needs. As one fieldworker from the FIF Programme notes,

Because of unemployment people are really not focused on the education of their children, they are focused on how to make ends meet, how to put bread on the table and how to keep a roof over their head, that is the issues that is important to parents (Campbell, 2011:43).

Despite these fundamental challenges, the FIF programme does not have a nutritional component. As a result, fieldworkers are often working with parents/caregivers as well as children who are unable to concentrate because they have not had enough to eat. As an FIF fieldworker explains,

Sometimes you go in the house and they haven't eaten the whole day ... Then it is difficult to do the programme because they can't learn if they are hungry (Campbell, 2011:43).

The expectations of ECD NPOs suggest either that they often lack a firm enough grasp of the realities facing the poorest families or that they are unwilling to really tackle and address such problems. For example, fieldworkers are required to get families to make improvised toys/educational resources from household goods, such as plastic bottles and dried pasta. However, as one FIF fieldworker noted 'We can

ask them [caregivers] to use macaroni for threading but they use this for food!' (Campbell, 2011:33). Another fieldworker likewise commented,

I understand we work with these improvised toys, we use the toilet roll, the coke bottle, coffee tins and every plastic that is in the house. What happens when you as the home visitor gets to the poorest of the poor? There is no coffee tins, there is no pro-nutro boxes, what do you do then? Because I cannot tell that parent to go buy Kelloggs so that I can have that box because I need to make toys with it (Campbell, 2011:33).

As all this suggests, the organisations which conceptualise these home- and community-based ECD programmes not only focus too narrowly on education, they also tend to ignore the socio-economic conditions of their fieldworkers and of the parents/caregivers and children with whom they work in ways that fundamentally and repeatedly weaken and undermine the programmes themselves. As key informant sixteen reminds us, home- and community-based ECD programmes are “a complex matter” and “it takes a lot to do a home-based programme well and ensure quality control and all of that, it is not cheap”. Yet, as he himself goes on to concede, while “experienced fieldworkers ... might be good at health, hygiene and getting grants, how many of those people would be proficient in helping you or me as a parent work with early learning that is the fundamental question? and I doubt it a lot of the time”.

Home- and community-based ECD programmes in the Western Cape province are also adversely affected by a lack of proper systems for monitoring and evaluation. This partly results from the failure to set out a proper regulatory framework for such programmes at national level. The 2006 Guidelines and the Children's Act as amended fail to set out minimum norms and standards for home- and community-based ECD programmes. However, an insufficient commitment to monitoring and evaluation is also evident at provincial level. In the absence of a national regulatory framework, the PGWC DoSD commissioned the Human Sciences Research Council (HSRC) to develop a set of ECD indicators for these types of programmes. The HSRC report was published in 2006 and presented a recommended minimum set of ECD indicators for the following categories: (i) Child outcome indicators; (ii) Family and household environmental indicators; (iii) Service access indicators, and; (iv) Service quality indicators. These indicators were specifically devised to assess the

quality of care and learning environments at the household, community and formal levels of intervention. However, key informant one reveals that these indicators have almost certainly never been implemented;

Not at the moment, I am hesitant to say that we are not using them, they are there but it is not a specific focus on them.

Some of the challenges associated with implementing the indicators were outlined by key informant sixteen,

There isn't the capacity on one level and political will is the other thing. We have given them indicators, frameworks and that was done in 2006. The issue that we discovered at that particular time when it was commissioned by the Research Directorate was about saying well who now within the Provincial department takes on the responsibility?

This failure to implement proper monitoring and evaluation systems is crucial. As key informant three notes "management information is critical" and without proper monitoring and evaluation systems how "do you formulate new strategies [and] policies ... these sort of indicators would give you that management information". In-depth knowledge about how particular programmes are actually operating is consequently often absent. Key informant seventeen suggests that this sometimes even extends to the spending of budgets, commenting that while a programme "like the FIF ... might get funding" and "has to go through a bit of reporting",

nobody is saying what are you doing? I have to say that is a real worry, because we don't know, in the end, where all this money is going, is it making a difference?

Moreover, in the absence of proper monitoring and evaluation systems the focus is often once again on numbers. For example, key informant thirteen reports that,

We have done evaluations of each year's performance [carried out independently] and that was quite a significant kind of initiative in terms of how we have managed to increase the outreach, each year we train about 15 people in each area, so a team of 45 people in Outdshoorn reaching

2,500 households. The reality is that over the three year period we were looking at a support of 6 000 to 8 000 households which was stunning.

Similarly, key informant fifteen reported on the Playgroup Programme

We work very rural, for the last two years we haven't worked in the urban areas, mainly concentrating on deep rural. We have had many successes with our playgroup programme in the Western Cape province, give and take, when I am talking there is about 300 playgroups, in the last three years.

This emphasis on the programme's "many successes" obscures the fact that, as we have seen, this programme relies on unpaid and impoverished voluntary fieldworkers to supervise up to one hundred children in a single playgroup for up to thirteen hours a day. While this focus on quantity over quality is partly the product of the need to meet government targets regarding access, it seems likely that it is also because it is relatively easy to count heads but much more difficult and expensive to assess and improve the quality of a programme.

3.4.3 CHALLENGES IN IMPLEMENTING THE NIPECD AS REGARDS FORMAL CENTRE-BASED ECD PROGRAMMES

In an effort to increase the numbers of poor and vulnerable children in registered and subsidised ECD centres the NIPECD and the Strategic Framework place great emphasis upon upgrading the infrastructure of ECD facilities and the building of enrichment centres. This is important because, as we have determined, many of the ECD facilities operating within the poorest communities do not comply with the legal requirements of Local Authorities. They are therefore ineligible for registration and cannot, as a consequence, access the government-funded per capita subsidy. This directly undermines the provisions of the Children's Act as amended (Chapter 5, Section 78 (4) (a), which states that the 'funding of partial care facilities must be prioritised - in communities where families lack the means of providing proper shelter, food and other basic necessities of life for their children' (Republic of South Africa, 2008: 16). Moreover, as previously noted, the Children's Act as amended, fails to make provision for conditional funding which means that the Department does not have a mandate to develop infrastructure and does not receive a budget for this area

of implementation. However, in the Western Cape the DoSD has sought to find ways round this. It was, for example, able to bid for funds from the provincial legislature, which had additional income during 2004. As key informant one explains,

It was a very interesting thing, what happened in the Province was they budget on a yearly basis for income from renting and whatever else and that particular year they got in a lot more than they budgeted for so they had this money and we could all bid for projects that we want funded out of that. This is very interesting because it was not money from our normal budget.

The Department's bid was successful and between 2005 and 2008 the services of a local ECD NPO organisation were procured to upgrade the infrastructure of 183 ECD facilities throughout the province. These upgrades allowed these ECD facilities to comply with the norms and standards set out in the Children's Act as amended and the minimum requirements of the local authorities, making it possible for them to register as partial care facilities with the Department and to apply for the per capita subsidy.

The building of enrichment centres is another example of the way in which the PGWC DoSD has acted imaginatively to try to increase access to registered and subsidised ECD facilities for the poorest and most vulnerable children. As previously mentioned the sub-directorate does not have a mandate for infrastructure development, however, key informant one explains how they were able to overcome this difficulty,

We work with the Principality of Monaco where they would provide funds for the infrastructure and then we add the rest of the programmes.

In partnership with the Principality of Monaco the Department made progress in the building of enrichment centres by awarding various service level agreements to a number of ECD NPO organisations. An enrichment centre was built in each of the following communities: Malmesbury; Vredenburg; Wellington; Tulbagh; Swellendam; Mitchell's Plain; Gugulethu; and Philadelphia. These enrichment centres are located in urban and rural areas and have accommodated existing ECD facilities which did

not meet the requirements for registration as partial care facilities. As key informant five explains,

The enrichment centre is in the poorest of the poor area so I think it can make a difference if they are working effectively. They have the soup kitchen there and they also do parental training as part of the outreach ... The centre can accommodate eighty children.

Enrichment centres seek to target the most deprived and vulnerable communities within the province and aim to support vulnerable children and families through a range of ECD services and programmes at the household, community and formal levels of intervention.

However, despite these efforts and successes in developing and expanding formal centre-based ECD programmes within the province, it is important to note that access to these centres is still dependent on the ability of the parents/caregivers to pay fees. The PGWC DoSD consequently continues to face enormous challenges in reaching the “poorest of the poor” and properly meeting their needs. In fact, as things currently stand, these children still largely fail to benefit from the subsidy. As key informant three remarks,

We know our focus is primarily on the lower socio-economic group when it comes to our subsidies ... My theory is that we are subsidising the middle group, we are not subsidising in the higher group and only a few in the lower end, we are basically hitting the middle. The main reason for us not subsidizing at the bottom end is because they are not registered and they are not registered because they are in a container or a shack or some other thing that does not meet the requirements for funding.

Government officials from the PGWC DoSD are clearly aware that the per capita ECD subsidy is failing to reach the very children for whom it was intended. Moreover, while the subsidy provides a stable (but inadequate) income for registered ECD facilities operating within deprived and vulnerable communities, it does not increase access for poor and vulnerable children because so few of their parents/caregivers are able to pay the fees. As key informant eighteen explains,

The NIP [NIPECD] looks at supporting the most vulnerable children and prioritising them, and those then are the ones that should get the subsidy, or a top up subsidy or exemption. If you look at children in centres obviously their income qualifies for the subsidy but they are not the poorest of the poor. Often they have working parents so they are not the kind of desperate poor.

Despite this, the PGWC DoSD rejects the idea of “a top up subsidy or exemption”. In response to the latter, key informant one explains,

Look it is a very difficult thing, we are not promoting a no fee situation because we believe that even if people is on a child support grant and they give R10 a month and that is fine. And most of our facilities understand this.

The lack of willingness to pay a top up subsidy or exemption exists despite the fact that additional funds were made available through the EPWP-ECD programme. For instance, instead of exempting the poorest from paying fees the PGWC DoSD actually made a number of revisions which have had the effect of further increasing the proportion of the subsidy which reaches children from the middle socio-economic group. Firstly, as of 01 October 2009, the per capita subsidy within the Western Cape Province increased from R9 per day per child to R12 per day per child. Secondly, the per capita subsidy was previously calculated at R9 per child per day for one hundred and ninety eight days per year, in 2009 this increased to R12 per day per child for two hundred and sixty four days per year. Because the children from the poorest and most deprived communities are largely excluded from formal ECD centres, the effect of both of these changes has been to increase the proportion of the subsidy received by ECD centres serving children whose parents are able to pay fees. Thirdly, in the same year, the department revised the criteria upon which children qualify for the per capita subsidy. Previously the subsidy had been granted to ECD facilities caring for children whose parents earned less than R1, 200 per month. In 2009, this figure was raised to R3, 000 per month. This revision effectively formalises the existing informal situation whereby those who receive subsidies are by and large not the “desperate poor”.

Furthermore, as key informant one notes, registered and subsidised ECD facilities “charge the same fee for the ones [children] that actually are in receipt of a subsidy

as those not". Any attempt to revise this situation is unlikely to be welcomed by personnel at ECD facilities because they rely heavily on the income from fees and the subsidy to pay the salaries of ECD practitioners. Indeed, as key informant five notes, "There are some of the facilities which use most of it [subsidy] for salaries". This is contrary to the guidelines set out by the national DoSD, which state that 50% of the subsidy is to be used towards the nutritional needs of children, 30% towards practitioner's salaries and 20% towards administration costs (Erasmus, 2008). However, given their inadequate incomes many ECD centres face an enormous dilemma if they are to meet these guidelines. As key informant eighteen remarks,

It is a hell of a tossup, you do want children to be fed? But, the sector is not sustainable if you cannot pay the staff.

The bottom line is that the value of the per capita ECD subsidy is not such that it can exempt parents from paying fees, meet the nutritional needs of young children *and* cover the salaries of practitioners. Although additional funds were made available to the PGWC DoSD through the EPWP-ECD programme to raise the value of the per capita subsidy, it is still inadequate.

Moreover, there is insufficient monitoring of how the subsidy is actually spent by ECD facilities. As key informant fifteen explains,

Look at what we just experienced, as late as two weeks ago ... we went to one of our learners sites, she has eighty children, she gets a subsidy for eighty children, now if you work that out at R12 per day for each child the income is almost R21 000 for that month. When we went to that school there were only thirty children in the school. We asked whether she is getting income from DoSD, how much and for how many children? She said up to that moment she is still getting for eighty children. So she is receiving R21 000 a month and is only feeding thirty children, what does she do with the balance of that fifty? Where does it go? Nobody is monitoring that, Social Development is supposed to go around and monitor.

The PGWC DoSD has overall responsibility for ensuring on-going monitoring takes place by social workers at local DoSD district offices to ensure the number of children attending the ECD facility is in accordance with the number of children receiving the

subsidy. However, social workers are unable to carry this out due to a lack of human resources and the limited availability of transport. As a result ECD facilities are able to claim the per capita ECD subsidy for children not in attendance. This is a serious violation, and can, if detected, result in funding being suspended. However, the primary focus of the PGWC DoSD has been on increasing the number of children who receive the per capita subsidy, rather than monitoring whether or not it is actually reaching those children, or how it is being spent (e.g. according to the breakdown 50% of the subsidy is to be used for nutrition). In light of this, it is surely imperative for the PGWC DoSD to ensure social workers have the time and resources to monitor the way in which subsidies are spent at ECD centres, otherwise children's nutritional needs may not be met at all.

By increasing the numbers of children who receive the subsidy the PGWC DoSD has certainly been able to meet the targets of the EPWP-ECD. The infrastructure upgrades at ECD facilities, the building of enrichment centres and the revision of the criteria for the means test increased the number of children receiving the per capita subsidy from 52 793 in 2008 to 60 776 in 2009 (Western Cape Department of Social Development, 2009a:12). This exceeded the Department's target of 5, 000 new children to be subsidised during this financial year. However, this emphasis on increasing numbers has often been pursued at the cost of a proper focus on monitoring quality. As the PGWC DoSD itself notes 'with the massification of Early Childhood Development and focusing on registration of new facilities, quality was often forfeited in chasing numbers' (Western Cape Department of Social Development, 2009a:1). The monitoring of quality is also made worse by inadequate human resources at the local DoSD district office level.

The 2006 Guidelines for ECD Services and the Children's Act as amended set out minimum norms and standards for the quality of formal ECD programmes. However, monitoring to ensure compliance with these norms and standards is a huge problem, as highlighted in the findings of the 'Audit of ECD Facility Quality' report commissioned by the PGWC DoSD in 2010. Key informant twelve explains,

It will really take time to address the issue of quality ... what I would say is that it is not properly monitored by the Department of Social Development,

although it is a requirement in terms of the minimum standards, you will find even in the National Guidelines there is a Quality Assessment Tool that they are supposed to be using, it is a brilliant tool that can be used to ensure quality but it is not being done.

Social workers at local DoSD offices do not have the experience and knowledge to assist practitioners to reach acceptable levels of quality. This may explain why the Quality Assessment Tool is not being used properly. Social workers often felt they lacked the necessary experience and knowledge to ensure compliance with the national norms and standards. For example, key informant seven commented,

That is a problem for me because I am not an expert in terms of ECD programme. As social workers we have not undergone specific training, we have identified that that is an area we need training in terms of the programme and knowing exactly how to evaluate the programme.

These views were shared by key informants six and eight, who remarked;

You can't assess something if you don't know about it ... I did discuss it with my office manager that I want to do some training and they have agreed with me. In terms of the programmes and the activities that would be helpful yes.

We have minimal understanding ... We have done psychology and looking at cognitive development of the child but not zooming deep into it, I think that is where now, maybe as a coordinator we need that kind of training

These views highlight the difficulties associated with social workers carrying out monitoring and evaluation visits to ensure compliance with the national norms and standards in respect of the quality of formal ECD programmes. In light of the findings of the 2010 HSRC report that learning activities and the daily programme are of particularly low standard in the most deprived communities, it is surely imperative for the PGWC DoSD ECD sub-directorate to ensure that social workers are sufficiently trained to use the Quality Assessment Tool set out in the 2006 Guidelines.

Moreover, the PGWC DoSD needs to give more consideration as to the cultural appropriateness of the Quality Assessment Tool. For instance, the use of the mother

tongue is extremely important, however this measure of sensitivity is not addressed. In the case of very young children one would expect emphasis to be placed on the use of their mother tongue (isiXhosa and Afrikaans). However, in many instances, children are taught in English. The value placed on English above African languages not only ignores cultural and linguistic differences, but often confuses young children who are only just beginning to grasp their home language. Discontinuities between familial practices (in this case linguistic) and those implemented at ECD centres can negatively influence the development of young children (MacNaughton, 2006).

Furthermore, little consideration is given to the way in which the Quality Assessment Tool relies on Western models which seek to facilitate development (top-down approach) rather than encouraging young children to be agents of their own development, by allowing them to enhance their social skills, explore their physical environment, engage in free play and use their imagination in the learning process. Rather than these kinds of African approaches to child development, too much emphasis is instead placed on obedience, rote learning and the content of programmes (literacy and numeracy). It is difficult to imagine how respect for diversity can be fostered when there are such sharp discontinuities between familial beliefs and practices and those implemented at ECD centres. Instead of adopting an intercultural approach to early childhood development, ECD programmes tend to homogenise children and fail to acknowledge differing cultural beliefs and practices (MacNaughton, 2006).

CHAPTER FOUR

CONCLUSION

4.1 CONCLUSIONS

In South Africa today, sixty-six percent of children live in poverty. The majority are without access to basic services and resources crucial for early human development. Huge numbers are also seriously affected by other forms of adversity including malnutrition, stunting, FAS, HIV/AIDS, violence and abuse. Given this appalling backdrop, there is clearly an urgent and critical need to develop intersectoral and integrated ECD programmes that genuinely meet the social and economic needs and rights of children, especially the poorest and most vulnerable children. A properly formulated and funded intersectoral and integrated approach to ECD has the potential to provide a crucial foundation for early human development and thus to help secure the future of the country. If government does not get it right there will be serious long-term consequences. This dissertation therefore set out to critically examine the ways in which ECD has been developed at national level since the overthrow of apartheid and to explore what these developments have meant for young children. This was achieved both by a documentary analysis of the national legislative and policy framework governing ECD since 1994 and by interviewing a range of key personnel within the Western Cape province as regards the current shape of ECD provisioning at the provincial level.

The ANC did not inherit a blank canvas in 1994 as regards ECD. The apartheid government's policies and practices had created gross and long standing inequities in resources, provision and opportunities for the vast majority of children. Its approach was largely influenced and shaped by racialised values and beliefs and this meant that the needs of white children were prioritised over those of all others. The apartheid government's policies were moreover narrowly focused on formal education rather than on early childhood development more broadly, and were informed by an instrumental (human capital) view of the child. Arguably this was also true of the ECD NGO sector during the apartheid era. As a result, ECD provision for black South African children was also increasingly focused on a Western model of centre-based ECD programmes designed to prepare children for formal education

and the workforce. Consequently, during the apartheid era there was little regard for indigenous African pedagogies which were systematically destined for replacement rather than enhancement.

At first sight developments in the legislative and policy framework since 1994 as regards ECD seem to mark a real break with the apartheid past. The South African Constitution of 1996 included many formal commitments to the social, economic and cultural rights of young children. There were high expectations that the new ANC government would deliver radical change and transform the country, including the conditions of the poorest and most vulnerable children. Indeed, the policy framework governing ECD service provision often adopts a human-rights based approach and policies are framed in the language of early human development, social inclusion and equal opportunities. In adopting a human-rights based approach it has also been recognised that an intersectoral and integrated approach to ECD is crucial if children's socio-economic rights are to be realised.

However, as this dissertation has shown, ECD policy developments since 1994 have in fact been characterised by many continuities with the past. In particular, policy continues to be narrowly focused around education and the building of early human capital. This was most notably expressed in the 2001 White Paper 5 on Early Childhood Development which focused almost entirely on Reception Year Provisioning (pre-school educational programme) for children aged five. Likewise, the first intersectoral ECD plan, developed in 2004, the EPWP-ECD, was seriously skewed in favour of formal centre-based educational programmes designed to build early human capital. Moreover, despite the formal commitment of the 2005 National Integrated Plan for ECD to an intersectoral and integrated approach to ECD for children between birth and four years, this approach has largely failed to materialise. This is due to the narrow focus on education.

This dissertation has revealed that a model which primarily focuses on children's cognitive development (via education) fails to respond to the more serious issue of addressing young children's rights to food, water, sanitation, social security, health and adequate shelter as a precondition for their emotional, physical, social and hence cognitive development. Viewing ECD through the narrow lens of education is

therefore highly problematic. As Dahlberg and Moss (2005:11) note, within this model children are treated as 'redemptive agents, ideal subjects for technical practice, through which we will fix problems without having to address their structural causes'. The consequences of this approach are particularly serious in a society like South Africa where two thirds of children between birth and four years live in poverty and where many are also affected by other adversities that inhibit early human development. Government seriously fails to adequately acknowledge the particular vulnerability of the first four years of children's lives and the many irreversible adverse developmental effects of poverty and other adversities. It is consequently insufficiently willing to address issues such as malnutrition and stunting by, for example, improving living standards and by introducing supplemental feeding programmes for pregnant women, infants and children via home- and community-based ECD programmes. In fact, as this dissertation has revealed, the nutritional component of home- and community-based ECD programmes is often largely (if not entirely) absent. In my view, the right to a daily balanced nutrition is a basic human right and it must therefore be a primary goal of ECD policies and a core component of all ECD programmes.

This dissertation has shown that national government has focused on the development and expansion of formal centre-based ECD programmes. However, in most cases the desperate poor cannot access such programmes. This is both because the ECD centres in their communities lack the financial resources to achieve registration and thereby access government subsidies, and also because parents/caregivers cannot afford to pay the fees. Despite this, national government failed in the Children's Act as amended to include measures that would provide funds to enable ECD centres in such communities to upgrade their facilities to comply with the minimum norms and standards for registration and subsidisation. In addition government at both national and provincial level has rejected the introduction of a top up subsidy or exemption for the children of the desperate poor. By contrast, home- and community-based ECD programmes do have the potential to be more accessible and to deliver a broader range of services to the poorest and most vulnerable children and their parents/caregivers. However, government's unwillingness to prioritise these programmes has led to their inadequate funding as well as the failure to introduce regulatory, monitoring and evaluation frameworks for

this sector. One consequence of this has been that home- and community-based ECD programmes are far too narrowly focused on education alone with the result that they once again often fail to adequately address the basic needs and rights of children and their parents/caregivers.

Government attention has been heavily skewed towards the expansion of formal centre-based ECD programmes. This is despite the fact that this emphasis directly contradicts the ideal model of ECD provisioning set out in the NIPECD. According to this model, 80% of ECD provisioning should be achieved at the household and community levels and just 20% through the formal centre-based level. However, as this dissertation has shown, the NIPECD's own implementation plan turned this model on its head by giving most attention to the development and expansion of the formal ECD sector. In the case of the Western Cape, these priorities have helped to create a situation in which 90.22% of the ECD budget in 2010/11 was earmarked for the provision of formal centre-based ECD programmes, and a mere 9.78% for home- and community-based ECD programmes.

This skewing of resources towards the formal centre-based level is a product of government's commitment to the EPWP-ECD programme and of its market-orientated approach. In the case of the Western Cape, for example, the PGWC DoSD is under pressure to meet national government's targets for its flagship EPWP-ECD programme. These targets are to be met by reducing unemployment (via the ECD sector), by increasing the number of trained ECD practitioners, and by increasing the number of formal ECD centres that are registered and subsidised. As a consequence, money for ECD is often spent on training and skills development for adults rather than on children. In fact, this is also true at the home- and community-based levels where funds are likewise used for training unemployed adults. Within the formal ECD sector the emphasis is on building human capital and on economic growth via the expansion of private market-driven ECD centres. However, as this dissertation has discussed, the EPWP-ECD programme fails even on its own terms. The programme does not result in poverty reduction because the working conditions and long-term security of the adults drawn into the ECD sector via the EPWP-ECD programme are often very poor. Moreover, the marketisation of ECD is at odds with the promotion of a society that aims to develop its democracy and eliminate all forms

of social inequity. I would conclude therefore, that young children are undervalued and unless there is a paradigm shift within national government it seems likely that the majority of funds for ECD service provision will continue to be spent at the formal level to reduce unemployment and increase the number of registered and subsidised ECD centres, of which, too few are located in the poorest and most vulnerable communities.

The basic assumptions which inform the ECD policy framework are largely drawn from evidence from the Minority world and are consequently culturally, socially and historically inappropriate for South Africa. Neo-liberalism, the World Bank and child developmental psychology have played particularly major roles in shaping the South African government's approach to ECD since 1994. As Bond (2005:1) argues, 'post-apartheid policy-makers drew all the wrong lessons from 'international experience''. As a consequence, government has only paid at best limited attention to local social and cultural contexts, and has instead been absorbed in its own regime of 'scientific truth' and in the pursuit of a 'neo-liberal' agenda in ways which reproduce Western cultural values, beliefs and practices (Pence and Nsamenang 2008:34). Government's vision of 'early childhood development' is based around the idea that contemporary market-driven approaches to ECD are the benchmark to aspire to. Developments in ECD policy have been regarded by government as a political process strongly influenced by developmental principles and practices and underpinned by economic models of human capital. As a result, government has amplified, rather than corrected, inherited inequities in ECD provisioning. This has created a dynamic which counters social inclusion and disables diversity.

Government's approach to ECD reflects a particular combination of assumptions, beliefs and values. This includes the assumption that it is government officials, academics and professionals who are best placed to define the goals, models and standards for ECD service provision. These experts are informed by the belief that it is necessary to adhere closely to universal developmental norms and other constructed concepts such as 'quality' and 'best practice'. This emphasis on the 'expert' has further deepened the unequal power relations between government officials, academics and professionals and children and their parents/caregivers. It has meant that government often fails to properly consult communities and that it

has fostered exclusionary practices. As a result, government dictates what services and programmes children and their families can access. A further unfortunate consequence of government's belief in the power of experts to conceptualise ECD programmes is that children in South Africa are denied the opportunity to acquire and value the knowledge and skills that exist in their own culture. I would conclude that these patterns of power undermine the construction of a society based on democratic values, social justice and the realisation of fundamental human rights and that these values ought to mark the starting point for challenging social control, social exclusion, and injustice.

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APPENDIX ONE

INTERVIEW SCHEDULE - PROVINCIAL DoSD

INTERVIEW NO: _____
RESPONDENT: _____
DEPARTMENT: _____
DATE: _____

SECTION ONE: PROFILE OF THE RESPONDENT

- | | | | | |
|-----|---------------------------------------------------------------|---------|---------|---------|
| 1.0 | Gender? | M | F | |
| 1.1 | Age Range? | 20 – 35 | 36 – 50 | 51 – 65 |
| 1.2 | Number of years employed by the government? | | | |
| 1.3 | Which department are you employed by? | | | |
| 1.4 | Position held within the department? | | | |
| 1.5 | Respondent's roles and responsibilities within the workplace? | | | |

SECTION TWO: PROFILE OF GOVERNMENT DEPARTMENT

- 2.0 How many personnel work within the Provincial ECD unit?
- 2.1 Can you illustrate (organ gram) the structure of Provincial ECD Unit?
- 2.2 Can you tell me if these are permanent or contract posts?
- 2.3 As Deputy Director what are your roles and responsibilities within this unit?
- 2.4 What is the Provincial ECD Unit mandated to carry out?
- 2.5 Does this unit have the human resource capacity to achieve the mandate?
- 2.6 Do you have any documents that would furnish me with more information on the unit?

SECTION THREE: CHILDREN'S AMENDMENT ACT

- 3.0 Chapter 6 of the Children's Amendment Act is a new regulation which is concerned with the registration of ECD programmes at partial care facilities. Do you think this regulation will enhance compliance with national norms and standards, particularly in relation to the provision of appropriate developmental opportunities for children?
- 3.1 If no (or partial), what factors inhibit practitioners from delivering developmentally appropriate ECD programmes?
- 3.2 With regards to human resource capacity do social workers have the knowledge and expertise to assess whether or not appropriate developmental opportunities are being implemented at ECD facilities?
- 3.3 If no (or partial), has the Provincial ECD Unit undertake to provide training opportunities for social workers to enhance their knowledge of developmentally appropriate ECD programmes?
- 3.4 The assessment of programmes will require social workers to allocate sufficient time to carry out this function. In your view, do social workers responsible for ECD at district offices have time to carry out the assessments?
- 3.5 The 'positioning paper on clustering' submitted to the Provincial DoSD by organisations within the ECD NPO sector makes reference to improving the capacity of ECD facilities. In your view, do you think this sector could carry out the quality assurance function currently undertaken by district officials?
- 3.6 If yes, what benefits could this have in terms of the quality of ECD programmes at ECD facilities?

- 3.7 In considering an application for registration the provincial head must also take into account whether the applicant has the prescribed skills and training. The Guidelines for ECD Services (2006) states the minimum qualification for practitioners is NQF Level 1, and for supervisors the minimum qualification is NQF Level 4. In your view, do practitioners and supervisors at ECD facilities adhere to the minimum qualifications as set out in the guidelines?
- 3.8 In your experience, what factors inhibit practitioners and supervisors from obtaining the minimum qualifications?

SECTION FOUR: STRATEGIC FRAMEWORK OF INTEGRATED ECD PROVISION

- 4.0 The Strategic Framework of Integrated Provincial ECD Provision in the Western Cape (2005-2014) has a dual goal: (i) Ensuring that all young children have access to effective, efficient, holistic and integrated ECD services which address their cognitive, emotional, social, physical and nutritional needs. (ii) Maximizing the conditions and opportunities for each child to develop (Departments of Education, Health and Social Development, 2005a:6). With regards to access to ECD service provision the findings of the 'Audit of ECD Facilities in the Western Cape' revealed that 91 666 children between the ages of 0 -4 years have access to formal ECD services, according to Statistics South Africa there are 462 300 children residing within the province. What difficulties do caregivers of vulnerable and poor children face with regards to accessing formal ECD provision?
- 4.1 The Provincial DoSD have made a number of advancements with regards to per capita subsidy in the past few years. I would like to clarify whether the information that I have is correct:
 - As of 01 October 2009, the per capita subsidy within the Western Cape Province increased from R9,00 per day per child to R12,00 per day per child?
 - The per capita subsidy was previously calculated at R9.00 per child per day for two hundred and twenty (220) days per year, this has increased to R12.00 per day per child for two hundred and sixty four (264) days per year?
 - Previously the subsidy was granted to ECD facilities caring for children whose parents meet the criteria of the mean test, whereby parents earn less than R1,200 per month, this figure has been raised to R3,000 per month?
- 4.2 A publication by Biersteker 'Meeting the comprehensive needs of young children' advocates for fee free ECD services for children with special needs and those whose caregivers are unable to provide adequate care for them. What are your views regarding this recommendation?
- 4.3 Biersteker also proposes the possibility of establishing posts for ECD similar to the option for Grade R classes provided by the DoE. What are the challenges associated with the DoSD implementing this proposal?
- 4.4 With regards to national budget allocation for subsidies, do you have the budget allocation and actual spend for the nine provinces for 2008/9? If no, who can I contact for this information?
- 4.5 With regards to the per capita subsidy, the Public Finance Management Act requires subsidised ECD facilities to submit certified or audited financial statements. The unit has made know that this has been problematic. What strategies have been put into place to prevent non-compliance? Have programmes been funded to assist management committees in financial management, or are social workers responsible for this?

SECTION FIVE: EIGHT STRATEGIC AREAS

- 5.0 There are eight strategic areas outlined in the Strategic Framework, do these strategic areas guide the implementation of this policy?
- 5.1 With regards to policy and legislation it states that there is a lack of indicators and minimum standards which contributes to poor quality service. Has the department developed a set of indicators which can monitor the quality of ECD service provision?
- 5.2 With regards to the second strategic area which is concerned with training and capacity building. Has the EPWP ECD Plan contributed towards improving the qualifications of practitioners at levels 1, 4 and 5 in ECD? Are there statistics available to substantiate the progress made?
- 5.3 The policy also acknowledges that government officials dealing with ECD lack capacity and competencies to execute their functions effectively. Have social workers at local district office received training on how to fulfill monitoring and support functions at facilities?
- 5.4 The third strategic area is concerned with infrastructure. Between 2005 and 2008 the PGWC DoSD funded the Centre for Early Childhood to upgrade the infrastructure at 183 ECD facilities throughout the province. Which budget within the department did the funds come from for this programme. Have further funds been earmarked for infrastructure upgrades in the upcoming three years?
- 5.5 The fourth strategic area is services to children and relates to poor content and standard of ECD programmes. The desired outcome is for programmes that address the holistic needs of children. What action has the department taken to improving the content and standard of programmes?
- 5.6 The fifth strategic area is public awareness and education. With regards to the Children's Amendment Act and strategies for child protection, have social workers at local district office received training and information? If yes, have social workers been able to disseminate this information to personnel at ECD facilities?
- 5.7 The sixth strategic area is institutional support and is concerned with providing adequate subsidies and financial assistance or resources for upgrading or improving services. What action has the department taken with regards to this area of intervention?
- 5.8 Under the heading of Institutional support it states that inadequacy and lack of monitoring and evaluation tools, indicators as well as minimum standards contribute to poor quality services. In 2008 the HSRC published 'The Availability of Government Indicator Systems for Monitoring the National Integrated Plan for ECD' report which presents a recommended minimum set of ECD indicators, as follows
- Child outcome indicators
 - Family and household environmental indicators
 - Service access indicators
 - Service quality indicators
- Has the department implemented these indicators for monitoring and evaluation purposes to improve quality services?
- 5.9 The seventh strategic area is concerned with alternate family and community based provision. Can you tell me which organisations have been funded to establish enrichment centres and deliver home and community based programmes within the province.
- 5.10 What impact have these programmes had in terms of increasing access to ECD services and programmes for the most vulnerable and poor children? Do you have statistics of how many children have been reached through these alternative programmes?
- 5.11 The final strategic area is concerned with the lack of reliable information. Can you tell me about the ECD GIS map and database? Does it exist and if so who compiled it and is it available?

- 5.12 With regards to the district level provisioning plan, is this related to the ECD Plans developed through the Collaborative Initiative?

SECTION SIX: NATIONAL INTEGRATED PLAN FOR ECD IN SOUTH AFRICA

- 6.0 Does the NIP set out an implementation plan for the Provincial DoSD to detail the when, what, where and who is responsible for implementing ECD programmes and services? If yes, can I have a copy?
- 6.1 The NIP talks about inter-departmental ECD Units at the three tiers of government, namely national, provincial and local level. Has the national ECD unit been put into place?
- 6.2 If yes, what is your relationship with this structure?
- 6.3 Has an inter-departmental ECD Unit/Task Team been put into place within the Provincial Government of the Western Cape?
- 6.4 If yes, which government department leads the unit/task team?
- 6.5 What are the primary aims of the unit/ task team?
- 6.6 How effective is this unit/task team in terms of meeting the aims and objectives set out by the NIP?
- 6.7 How often does the unit/task team meet? Are representatives of civil society (ECD NPOs) invited to attend these meetings on particular issues?

SECTION SEVEN: RELATIONSHIP, ROLE AND CAPACITY OF THE ECD SECTOR

- 7.0 The Provincial ECD Unit procure the services of ECD NPO's within the Western Cape Province, what is the relationship between personnel from this unit and the ECD NPO's?
- 7.1 What role has the ECD NPO sector played in assisting the department to meet the mandate of the Strategic Framework and the NIP?
- 7.2 Can you describe the capacity (skills, knowledge, expertise) of the ECD NPO's in delivering a range of ECD programmes and services to vulnerable children within the provinces.

APPENDIX TWO

INTERVIEW SCHEDULE – LOCAL DISTRICT OFFICE OFFICIALS

INTERVIEW NO: _____
RESPONDENT: _____
DISTRICT: _____
DATE: _____

SECTION ONE: PROFILE OF THE RESPONDENT

- 1.0 Gender? M F
1.1 Age Range? 20 – 35 36 – 50 51 – 65
1.2 Number of years employed by the government?
1.3 Number of years employed in the children and families unit?
1.4 Position held within the children and families unit?

SECTION TWO: PROFILE OF GOVERNMENT DEPARTMENT

- 2.0 How many personnel work within the children and families unit?
2.1 How many personnel are responsible for ECD?

SECTION THREE: ECD UNIT/COORDINATORS AT DISTRICT OFFICE LEVEL

- 3.0 Do you have an ECD Unit at this district office?
3.1 If no, what are the difficulties in establishing an ECD unit at the district office?
3.2 If there is no ECD Unit, is there a designated person/coordinator for ECD at the district office? Are they only responsible for ECD or do they have other functions to fulfill?
3.3 What are the roles and responsibilities of the unit/coordinator with regard to ECD at the district office?

SECTION FOUR: NUMBER OF REGISTERED AND SUBSIDISED ECD SITES

- 4.0 Does the district have an up to date database of unregistered, registered and subsidized ECD sites?
4.1 Who manages the database?
4.2 How many ECD sites are situated in this district?
4.3 How many are registered as a partial care facility?
4.4 When ECD sites are registered do they automatically receive a per capita subsidy? If no, please can you explain?
4.5 How many ECD sites receive the per capita subsidy?
4.6 What is the amount of the per capita subsidy in the Western Cape Province?
4.7 What do ECD sites use the per capita subsidy for?
4.8 Is this monitored?
4.9 A number of ECD facilities have had their funding suspended because they have not submitted certified or audited financial statements. Do you know if the department provides training for management committees?
4.10 Are you required to monitor and inspect financial records when carrying out quality assurance visits?

SECTION FIVE: MINIMUM STANDARDS – GUIDELINES FOR ECD SERVICES

- 5.0 Are you aware of the minimum standards as set out in the Guidelines for ECD Services?
- 5.1 Have you had training on the minimum standards?
- 5.2 What difficulties do ECD sites face with regards to registration as a partial care facility?
- 5.3 What prevents ECD sites from registering with the local DoSD?
- 5.4 Can anyone in the community establish an ECD site?
- 5.5 The minimum standards outline what the ECD programme should include, such as developmentally appropriate activities?
- 5.6 Are you required to assess the minimum standards of ECD programmes and whether or not they are developmentally appropriate?
- 5.7 Do you use a Quality Assurance tool to monitor this?
- 5.8 Do you think that you have the knowledge and understanding to assess whether or not an ECD programme is developmentally appropriate?
- 5.9 If an ECD programme does not comply with the minimum standards, are you able to give support to improve the programme and activities?
- 5.10 Have you had any training on ECD?
- 5.11 How often are you able to visit ECD facilities to ensure compliance with the guidelines?
- 5.12 The Quality Audit reveals that the quality of ECD facilities falls within the minimum standards, however there is concern regarding the quality of activities. One suggestion put forward by a welfare planner is to make subsidy renewal contingent upon maintaining standards, and using the transfer payment agreement (TPA) as a tool for this. What are your views of this suggestion?

SECTION SIX: POLICIES/LEGISLATION

- 6.0 Are you aware of the Children's Amendment Act No 41 of 2007?
- 6.1 Are you aware of the National Integrated Plan for Early Childhood Development in South Africa (2005-2010)?
- 6.2 Are you aware of the Western Cape Strategic Framework for Integrated Provincial Early Childhood Development Provision (2005-2014)?

SECTION SEVEN: CHILDREN'S AMENDMENT ACT NO. 41 OF 2007

- 7.0 How does the Children's Amendment Act No.41 of 2007 impact upon the functions of the district?
- 7.1 There is a new regulation which is concerned with the register ECD programmes, are you aware of this?
- 7.2 Have you received training on the registration of ECD programmes?
- 7.3 Have you implemented the registration of ECD programmes thus far?
- 7.4 Have you raised awareness of this new regulation with ECD facilities?

SECTION EIGHT: NATIONAL INTEGRATED PLAN FOR ECD

- 8.0 Can you tell me the primary aims of the National Integrated Plan for Early Childhood Development in South Africa (2005-2010)?
- 8.1 The NIP talks about service delivery at three levels (i) household (50%) (ii) community (30%) and (iii) formal (20%), are you familiar with these terms within this context?
- 8.2 Can you describe what interventions have been implemented in the district to improve access to ECD services and programmes at the following levels of intervention:
 - Household, Community and Formal

SECTION NINE: STRATEGIC FRAMEWORK FOR INTEGRATED PROVINCIAL ECD PROVISION

- 9.0 Can you tell me the primary aims of the Strategic Framework for Integrated Provincial ECD Provision (2005-2014)?
- 9.1 Do you think that this policy has made a difference to vulnerable children residing in the Western Cape Province?
- 9.2 If yes, can you give an example?

SECTION TEN: ROLE OF NON-PROFIT ORGANISATIONS

- 10.0 Does the Provincial DoSD contract the services of ECD NPO's to implement ECD programmes and services within this district?
- 10.1 In what way does the ECD NPO sector contribute to ECD within the district?
- 10.2 What is the relationship between the local district and personnel from ECD NPO's?

SECTION ELEVEN: COLLABORATIVE INITIATIVE

- 11.0 Were you involved in the Collaborative Initiative to Strengthen ECD Services at District Offices?
- 11.1 What were the primary aims of the Collaborative Initiative?
- 11.2 Were the primary aims met?
- 11.3 Was an ECD Plan devised by the partner ECD NPO in collaboration with the district office?
- 11.4 Can you give positive examples of the way in which the ECD Plans have been used by the district thus far?
- 11.5 Can you highlight the difficulties faced by the districts in implementing the ECD Plans?

SECTION TWELVE: ECD ASSISTANTS

- 12.0 Do you have ECD Assistants at the district office?
- 12.1 How many ECD Assistants have been placed at this district?
- 12.2 What are the roles and responsibilities of the ECD Assistants?
- 12.3 Are the ECD Assistants equipped with the skills and knowledge to carry out their roles and responsibilities effectively?
- 12.4 Can you give examples of the tasks carried out by ECD Assistants?
- 12.5 Are there any challenges with regards to the placement of ECD Assistants at the district office?

SECTION THIRTEEN: STAKEHOLDERS QUARTERLY MEETINGS

- 13.0 The ECD sub-directorate at the Head Office established quarterly meetings for welfare planners responsible for ECD at District Offices. Have you attended any of these meetings?
- 13.1 Does your supervisor or manager also attend these meetings?
- 13.2 If yes, what is aim of these meetings?
- 13.3 Do you think the meetings have provided you with a broader understanding of ECD?
- 13.4 What is your relationship with personnel from the ECD sub-directorate?
- 13.5 Do they provide support and guidance?
- 13.6 Is your supervisor or manager able to give you guidance regarding ECD?

APPENDIX THREE

INTERVIEW SCHEDULE – ECD NPO'S

INTERVIEW NO: _____
RESPONDENT: _____
ORGANISATION: _____
DATE: _____

SECTION ONE: PROFILE OF THE RESPONDENT

- 1.0 Gender? M F
1.1 Age Range? 20 – 35 36 – 50 51 – 65
1.2 Position held at the organisation?
1.3 Number of years employed by the organisation?
1.4 Respondent's roles and responsibilities within the organisation?

SECTION TWO: PROFILE OF GOVERNMENT DEPARTMENT

- 2.0 How many personnel work at the organisation?
2.1 Is the organisation solely concerned with Early Childhood Development?
2.2 What are the primary aims of the organisation with regard to Early Childhood Development?

SECTION THREE: TYPES OF PROBLEMS/DIFFICULTIES EXPERIENCED BY YOUNG CHILDREN WITH REGARD TO ECD

- 3.0 What problems do vulnerable children between the ages of zero (0) and four (4) years experience with regard to access to ECD services?
3.1 What difficulties do vulnerable children between the ages of zero (0) and four (4) years experience with regard to accessing quality ECD services?

SECTION FOUR: POLICIES/LEGISLATION

- 4.0 Are you aware of changes to the Children's Act No.38 of 2005?
4.1 Are you aware of the National Integrated Plan for Early Childhood Development in South Africa (2005-2010)?
4.2 Are you aware of the Western Cape Strategic Framework for Integrated Provincial Early Childhood Development Provision (2005-2014)?

SECTION FIVE: AMENDED CHILDREN'S ACT

- 5.0 How do the changes in the amended Children's Act impact upon the ECD NPO sector?
5.1 With regard to the registration of ECD programmes, do you know if this process is being implemented at the moment?
5.2 Do you know if the ECD NPO sector has been consulted regarding the regulations for the registration of ECD programmes?

SECTION SIX: NATIONAL INTEGRATED PLAN FOR ECD – UNIVERSAL ACCESS

- 6.0 Can you tell me the primary aims of the National Integrated Plan for Early Childhood Development in South Africa (2005-2010)?

- 6.1 Does the NIP aim for universal access to ECD by 2010?
- 6.2 What do you think are the difficulties in achieving universal access to ECD within this timeframe?
- 6.3 Do you think universal access to ECD will be achieved by 2010?
- 6.4 Do you think universal access will be achieved by 2014 as proposed by the Strategic Framework?

SECTION SEVEN: NATIONAL INTERGRATED PLAN FOR ECD – INTER-DEPARTMENTAL STRUCTURES

- 7.0 The NIP talks about inter-departmental ECD units at the three tiers of government, namely national, provincial and local level. Do you know if there is a Provincial ECD Unit?
- 7.1 If yes, what is your relationship with the Provincial ECD Unit?
- 7.2 Do you know if there is an ECD unit at the District Office(s) with which you work?
- 7.3 If there is no ECD Unit is there a full-time person designated to ECD?
- 7.4 Are the district officials responsible for ECD knowledgeable of the sector?
- 7.5 What is your experience of working with district officials from the DoSD district offices?

SECTION EIGHT: NATIONAL INTERGRATED PLAN FOR ECD – IMPLEMENTATION OF THE THREE LEVELS OF INTERVENTION

- 8.0 The NIP talks about service delivery at three levels (i) household (50%) (ii) community (30%) and (iii) formal (20%), are you familiar with these terms within this context?
- 8.1 Does your organisation implement ECD services and/or programmes at household level to improve access to ECD?
- 8.2 Are these interventions funded by the PGWC DoSD?
- 8.3 Does your organisation implement ECD services and/or programmes at community level to improve access to ECD?
- 8.4 Are these interventions funded by the PGWC DoSD?
- 8.5 Does your organisation implement ECD services and/or programmes at the formal level (ECD sites) to improve access and quality to ECD?
- 8.6 Are these interventions funded by the PGWC DoSD?

SECTION NINE: NATIONAL INTERGRATED PLAN FOR ECD – OVERVIEW

- 9.0 Do you think that the National Integrated Plan for Early Childhood Development in South Africa (2005-2010) has been effective?
- 9.1 Do you think that this policy has made a difference to vulnerable children residing in the Western Cape Province?
- 9.2 If yes, can you give examples?

SECTION TEN: STRATEGIC FRAMEWORK FOR INTEGRATED PROVINCIAL ECD PROVISION (SF)

- 10.0 Can you tell me the primary aims of the Strategic Framework for Integrated Provincial ECD Provision (2005-2014)?
- 10.1 Do you think that the Strategic Framework has been effective in terms of implementing alternative ECD programmes and services?
- 10.2 Has your organisation received funding from the Provincial DoSD to develop and implement alternative ECD programmes on their behalf?
- 10.3 If yes, what services and/or programmes have been implemented?

- 10.4 Do you think that this policy has made a difference to vulnerable children residing in the Western Cape Province?
- 10.5 If yes, can you give examples?

SECTION ELEVEN: ROLE OF NON-PROFIT ORGANISATIONS

- 11.0 In what way does your organisation contribute to ECD in the Western Cape Province?
- 11.1 How would you describe your relationship with other ECD NPO's within the Western Cape Province?
- 11.2 Do you work collaboratively with the ECD NPO sector?
- 11.3 What do you think about the cluster model put forward by the Provincial DoSD?
- 11.4 What do you think about ECD NPOs administering the subsidies to ECD sites?

SECTION TWELVE: COLLABORATIVE INITIATIVE

- 12.0 Was your organisation involved in the Collaborative Initiative to Strengthen ECD Services at District Offices?
- 12.1 What were the primary aims of the programme?
- 12.2 Were the primary aims met?
- 12.3 What was your relationship like with the district officials which you were partnered with?
- 12.4 With regard to the ECD Plan's devised by the Service Providers in collaboration with the district offices, do you think that they will be implemented by the districts and or service providers?
- 12.5 Are there funds available to implement the programmes and services outlined in the ECD Plans?
- 12.6 Can you give positive examples of the way in which the ECD Plans have been used by the districts thus far?
- 12.7 Can you highlight the difficulties faced by the districts in implementing the ECD Plans?
- 12.8 What are your overall feelings about this project?

SECTION THIRTEEN: FUNDING

- 13.0 With regard to sustainability, how does the organisation sustain its activities?
- 13.1 Do you receive funds from individuals? Yes No
- 13.2 Do you receive funds from trusts and foundations? Yes No
- 13.3 Do you receive funds from corporate/business donors? Yes No
- 13.4 Do you receive funds from the PGWC DoSD? Yes No
- 13.5 Are there any other funders whom I have not mentioned?
- 13.6 Which source of funding is least/greatest?
- 13.7 Would you like to make any other comment regarding funding and the sustainability of your organisation?

APPENDIX FOUR

INTERVIEW SCHEDULE - RESEARCHER

INTERVIEW NO: ` _____
RESPONDENT: _____
DEPARTMENT: _____
DATE: _____

SECTION ONE: RESPONDENTS ROLE AND RESPONSIBILITIES

- 1.0 What position do you currently hold at ELRU?
- 1.1 What is your role and responsibilities within the organisation?
- 1.2 Can you tell me which organisations and government departments have contracted your services?
- 1.3 How long have you carried out research in the field of Early Childhood Development?

SECTION TWO: CHILDREN'S AMENDMENT ACT (2007)

- 2.0 With regards to the Children's Amendment Act the onus is on organisation's to apply for registration as a partial care facility with the local DoSD, prior to this Act the local DoSD were responsible for ensuring organisation's applied for registration. Can you foresee any difficulties with this change in regulation?
- 2.1 The Act includes a new regulation in terms of the registration of ECD programmes; do you think this is a positive advancement?
- 2.2 Do you know if minimum standards have been developed for this aspect of registration, other than those contained within the Guidelines for ECD Services (2006)?
- 2.3 In relation to quality assurance of ECD programmes, social workers at district office level are responsible for this function, in terms of human resource capacity do they have the knowledge and expertise to carry out quality assurance visits at ECD facilities?
- 2.4 The 'positioning paper on clustering' submitted to the Provincial DoSD by organisations within the ECD NPO sector makes reference to improving the capacity of ECD facilities. Do you think this sector could carry out the quality assurance function currently undertaken by district officials?
- 2.5 The paper on 'Scaling up early childhood development (0-4) in South Africa' makes reference to the professionalization of the ECD sector. Two possible routes are proposed (i) registration with a professional body and (ii) regulations by government notice under relevant legislation. In relation to the latter, do you think that this should have been included in the Children's Amendment Act?
- 2.6 The Children's Amendment Act (2007) also includes a strategy concerning child protection. What implications does this have for social workers responsible for ECD at local district Level?
- 2.7 In relation to child protection what implications does this have for ECD facilities?

SECTION THREE: STRATEGIC FRAMEWORK FOR INTEGRATED PROVINCIAL ECD PROVISION

- 3.0 The Strategic Framework of Integrated Provincial ECD Provision in the Western Cape (2005-2014) has a dual goal:

- Ensuring that all young children have access to effective, efficient, holistic and integrated ECD services which address their cognitive, emotional, social, physical and nutritional needs.
- Maximizing the conditions and opportunities for each child to develop (Departments of Education, Health and Social Development, 2005a:6).

With regards to access to ECD service provision the findings of the 'Audit of ECD Facilities in the Western Cape' revealed that 91 666 children have access to formal ECD services, according to Statistics South Africa there are 462 300 children residing within the province. What difficulties do caregivers of vulnerable and poor children face with regards to accessing formal ECD provision?

- 3.1 In the document 'Meeting the comprehensive needs of young children' Linda Biersteker advocates for fee free ECD services for children with special needs and those whose caregivers are unable to provide adequate care for them. If caregivers were exempt from paying fees, where would the additional monies come from?
- 3.2 According to the publication 'ECD in South Africa: Policy, demographics, child outcomes, service provision and targeting' the per capita subsidy should be raised to meet the real costs of providing services of a minimum quality. What are the challenges associated with the DoSD implementing this recommendation?
- 3.3 There is also a suggestion regarding the possibility of establishing posts for ECD similar to the option for Grade R classes provided by the DoE. What are the challenges associated with the DoSD implementing this proposal?
- 3.4 If the DoSD subsidy is not raised to accommodate posts for ECD practitioners at facilities within disadvantaged communities, how will this impact upon increasing access for vulnerable and poor children in formal ECD provision?
- 3.5 The goal of the Strategic Framework is for universal access to ECD service provision by 2014. Do you think this a realistic goal?
- 3.6 In a recent document, the Western Cape Provincial DoSD stated "By 2017, 80% of children will have access to quality ECD provision? What are your views regarding this statement?
- 3.7 The Strategic Framework acknowledges that formal ECD service provision is not always of high quality. The findings from the 'Audit of ECD Facilities Quality' report indicate that ECD programmes in poorer communities are of poorer quality. What are the primary reasons for this?
- 3.8 Included in the recommendations of the quality audit are improved levels of ECD qualifications to a standard of at least Level 4. The EPWP ECD plan makes provisions for accredited training at Levels 1, 4 and 5. Do you think this programme has made a difference?
- 3.9 It has been acknowledged by the ECD NPO sector that training on its own is not sufficient and there is a need for on-going mentoring and coaching of practitioners in the workplace. What are your views regarding this opinion?
- 3.10 The Strategic Framework recognises the need for household and community based ECD service provision to increase access to vulnerable and poor children. However, the UNICEF publication - Rapid Assessment and Analysis of Innovative Community and Home Based Childminding and Early Childhood Development Programmes states "there are major issues and gaps to be resolved to mainstream home- and community-based ECD programmes... There is no regulatory and support framework for these types of programmes and current funding norms for the Department of Social Development do not provide for these initiatives". Can you explain what regulatory and support frameworks should be developed for these types of programmes?
- 3.11 With regards to funding norms, what does this include? Not asked – see above for benchmark.

- 3.12 Do you think that the absence of a regulatory and support framework or dedicated funding allocation for home and community based ECD programmes has had an impact upon the DoSD efforts to scale up ECD services?
- 3.13 The implementation of the Strategic Framework began in 2005, why do you think regulatory and support frameworks, as well as funding norms have not been developed by the Western Cape Provincial DoSD thus far? Not asked
- 3.14 It has been established that local district officials responsible for ECD lack knowledge and expertise in the field of ECD. What are your feelings with regards to officials at a provincial level, in particular the Provincial ECD unit within the Western Cape Province?
- 3.15 The Strategic Framework states that NGO's are one of the predominant service providers. Do you know what role the NGO sector played with regards to the conceptualization and development of the Strategic Framework?
- 3.16 To what extent does the NGO sector contribute towards meeting the goals of this policy (in terms of increasing access and improving quality ECD service provision)?
- 3.17 Can you describe the relationship between the Western Cape Provincial ECD Unit and the ECD NPO sector?

SECTION FOUR: NATIONAL INTEGRATED PLAN FOR ECD IN SOUTH AFRICA

- 4.0 The National Integrated Plan for Early Childhood Development in South Africa (2005-2010) speaks about integration and the need for structures being developed between government departments. Do you know if there is a Provincial Interdepartmental Committee within the Western Cape Province?
- 4.1 Is there evidence to suggest that this committee is working collaboratively to provide comprehensive ECD programmes to children within the province?
- 4.2 The NIP also talks about Municipal Interdepartmental Committees, do you know if these have been established at municipal offices within the Western Cape Province?
- 4.3 The Western Cape Provincial ECD Unit motivated for ECD units at local district offices. However, due to a lack of funds this did not materialize. What are your views regarding this matter?
- 4.4 The NIP also acknowledges the major role played by NPO's as partners in the Integrated ECD process. Do you know if the ECD NPO sector has been included in the various structures of the NIP?
- 4.5 Has the ECD NPO sector been consulted on different aspects of the development and implementation process of the plan?
- 4.6 With regards to the targets set out in the NIP, it makes reference to 2,000 trained community development workers. Do you know whether this has materialized?
- 4.7 With regards to operationalising of the NIP, do you think the National Department of Social Developments budget allocation has been sufficient to make substantial progress in implementing the NIP?
- 4.8 In relation to the last question, do you think the PGWC DoSD's budget allocation has been sufficient to make substantial progress in implementing the NIP?
- 4.9 Debbie Budlender and Paula Proudlock maintain that "virtually all the existing and "new" ECD money has been allocated to support centre-based provision, in particular through the child-based ECD centre subsidy". However, the NIP aims to implement interventions at household and community levels also – 50% household, 30% communities and 20% formal. Do you think funding allocations are in line with this?

SECTION FIVE: SOBAMBISANA ECD INITIATIVE

- 5.0 The Sobambisana ECD Initiative was conceptualized by the D G Murray Trust in Cape Town and implementation began in 2008. Are the aims and objectives of this initiative in line with the NIP?
- 5.1 The Sobambisana Initiative seeks to inform ECD practice in South Africa. Is it intended to provide research findings and recommendations which could be used by government to scale up home and community based ECD service provision to provide national coverage?
- 5.2 With regards to the previous question, does the Sobambisana Initiative intend to provide research findings and recommendations to improve the quality of ECD services at the three levels of intervention (household, community and formal)?
- 5.3 In your view, are there sufficient organisations within the welfare and ECD NPO sector to implement home and community based ECD programmes to achieve national coverage?
Not asked
- 5.4 Is there communication between the funding agencies (D G Murray Trust, ELMA Philanthropies and the UBS Optimus Foundation) and government with regards to the aims, objectives and outcomes of the Sobambisana Initiative? Not asked
- 5.5 In your view, is there a possibility (or desire) for funding agencies like those involved in the Sobambisana Initiative to work in partnership (combining financial resources) with government to implement the NIP?